

To: Office of Financial Aid at _____ 'Host' College or University CONSVE

From: Office of Student Financial Services, University of Central Missouri

Date: _____

Subject: **Consortium Agreement** for: _____
Students' Name

UCM ID Number

The above individual is a regularly-admitted, degree-seeking student at the University of Central Missouri (UCM), and has been approved to attend one or more classes at your college or university for the: ___ 2020 Fall Semester, ___ 2021 Spring Semester, or ___ 2021 Summer Session. These credit hours will then be included as a part of his/her enrollment status for purposes of qualifying for financial assistance from UCM.

Please respond to the items on the front and back of this document, and return it to our office by mail (Office of Student Financial Services, P.O. Box 800, Warrensburg, MO 64093-5178) or fax (660-543-8080). If you have questions or concerns, feel free to contact our office on-line (use www.ucmo.edu/sfs/contactsf) or by telephone (660-543-8266).

	Class(es) for which student is registered	Semester Credit Hours
1.	_____ _____ _____
2.	_____ _____ _____
3.	_____ _____ _____
4.	_____ _____ _____
5.	_____ _____ _____

Following are the total **estimated educational costs** this student will incur at your school for the academic term marked on the first page of this document:

Tuition \$ _____
Required fees..... \$ _____
Campus Housing \$ _____
Campus Meal Plan..... \$ _____
Books and Supplies \$ _____
Other _____ \$ _____
_____ \$ _____
Total \$ _____

Following are the type(s) and amount(s) of any institutional, scholarship, state, or other non-federal assistance being awarded to this student by your school for the academic term marked on the first page of this document

_____ \$ _____

_____ \$ _____

Additional Comments/Clarification: _____

I certify, to the best of my knowledge, that the information provided on this document is true and accurate. My school will not disburse and federal financial aid to this student for the academic term marked on the first page of this document. I promise to notify the Office of Student Financial Services at the University of Central Missouri (please use www.ucmo.edu/sfs/contactsfs) of any change in the student's enrollment status at my school during the academic term marked on the first page of this document.

Signature – Financial Aid Officer

Date

Name and Title (Please Print)

Name of College or University

Office Address

Office Telephone

Office Fax

Office Email