То:	Office of Financial Aid at	(Heat' Callege or University	ONSVE		
From:	Office of Student Financial Services, University of Central Missouri				
Date:		_			
Subject:	Consortium Agreement for:	Students' Name			
		UCM ID Number			
Missouri (for the: _ credit hou	(UCM), and has been approved t 2022 Fall Semester, 2023	ed, degree-seeking student at the University of Cent to attend one or more classes at your college or university of Spring Semester, or 2023 Summer Session. It of his/her enrollment status for purposes of qualifying	ersity These		
(Student	spond to the items on the front a Financial Services, P.O. Box 800 inancialassistance@ucmo.edu.	and back of this document, and return to our office by 0, Warrensburg, MO 64093-5178), by fax (660-543-8	/ mail 3080), or		
If you have line (use	ve questions or concerns, feel fre www.ucmo.edu/sfs/contactsfs).	ee to contact our office by telephone (660-543-8266)	or on-		
	Class(es) for which studen	Semester nt is registered Credit Hours			
1.					
2.					
3.					
4.					
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5.	· ,				

Following are the total es academic term marked o			cur at your school for the
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ı otal		\$	
Following are the type(s) federal assistance being the first page of this docu	awarded to this student b	y your school for the a	cademic term marked on
		\$	
I certify, to the best of my keeting My school will not disburse first page of this document. Central Missouri (please us status at my school during the second status at my school during the second status at my school during the second seco	and federal financial aid to I promise to notify the Office www.ucmo.edu/sfs/control	this student for the acad e of Student Financial S <u>tactsfs</u>) of any change i	emic term marked on the ervices at the University of the student's enroll-ment
Signature – Financial Aid Off	ïcer	Da	ite
Name and Title (Please Print	t)		
Name of College or Universit	ty		
Office Address			
Office Telephone	Office Fax	Office Email	