

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