

University of Central Missouri
Student Financial Services
P.O. Box 800
Warrensburg, MO 64093-5178

Phone 660-543-8266
FAX 660-543-8080
Webpage: www.ucmo.edu/sfs
Documents Only Email:
financialassistance@ucmo.edu

Request to Receive Financial Aid for Faculty-Led Tour - Domestic 2022/2023

UCM use only

STDAB

To: **Center for Global Education**

From: _____ 700 _____
Student's Name (please print) UCM ID Number

Please accept this request for additional financial aid to help pay the educational and living expenses I'll incur to participate in an **approved program of study within the United States**. I have filed/will file the Free Application for Federal Student Aid (FAFSA) for the 2022/2023 school year: Yes No

Please note: completion of this form is not a guarantee of increased financial assistance.

Course Name and Number:	
Location:	
Program Title/Description:	

Beginning date of program: _____ Ending date: _____

Enrollment term for tour: ___ Fall 2022 ___ Spring 2023 ___ *Summer 2023

Is this program sponsored by the UCM Center for Global Education? ___ Yes ___ No

The following are the **total estimated expenses** I expect to incur to participate in this program:

Tuition and Fees..... \$ _____
Application and other required Program Fees \$ _____
Room (Housing)..... \$ _____
Board (Meals) \$ _____
Books and Supplies..... \$ _____
Transportation..... \$ _____
Personal Expenses..... \$ _____
Other \$ _____
Total \$ _____

Please proceed to page 2 ...

Student's Last Name: _____ UCM ID#: 700 _____

Student Statement (Required)

The following is/are the primary reason(s) I wish to participate in a program of study within the United States (*continue on a separate page, if necessary*):

Student's Signature

Date

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Before submitting this document to the Office of Student Financial Services, you must obtain the following approval.

I approve of this student's plan to participate in a faculty-led tour within the United States. The student intends to complete and earn _____ credit hours, all of which will apply toward completion of his/her UCM degree requirements. I believe this program of study represents a valuable and complementary academic opportunity for this student.

Comments/Clarification: _____

Signature of **Study Abroad Coordinator**

Date

After completing this request, obtain approval from the Study Abroad Coordinator. After approval, submit this document to UCM Student Financial Services in person (1100 Ward Edwards Bldg.) or by mail (Student Financial Services, P.O. Box 800, Warrensburg, MO 64093-5178), or by fax (660-543-8080).