

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

Phone 660-543-8266
FAX 660-543-8080
Webpage: www.ucmo.edu/sfs

Program of Study Verification

UCM use only

PROG21



You **DO NOT** need to complete or submit this form if you are awaiting acceptance into a **GRADUATE** degree program. Student Financial Services will be notified automatically upon your acceptance or denial and will update the requirement on your MyCentral.

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

*FAILURE TO PROVIDE ALL INFORMATION AND REQUIRED DOCUMENTS
CAN DELAY THE AWARDING OF YOUR FINANCIAL AID.*

Please check the box below that best matches your situation:

____ I've been **fully admitted** by UCM to pursue my **1st bachelors degree**, beginning with the _____ Semester, 20____. My degree objective is a Bachelor of _____.
My program major is _____.

____ 1. I have been **fully admitted** by UCM to pursue a **2nd bachelors degree**, beginning with the _____ Semester, 20____. My degree objective is a Bachelor of _____.
2. My program major is _____.
3. My expected Graduation/Completion Date is: _____.
4. My first degree was a Bachelor of _____.
5. My program major was _____.

____ I have been **fully admitted** by UCM to pursue a **teacher certification** program, beginning with the _____ Semester, 20____.
The subject area I'll be certified to teach is _____.

____ I am enrolling for **prerequisite** classes required to be admitted to a UCM **graduate** degree.

____ I am enrolling as a **visiting** or **special** student and have **not** been fully admitted to a UCM degree or teaching certificate program.

____ I have **not yet completed my high school degree**, but will finish this degree in _____.

____ I have decided **not to attend** the University of Central Missouri.

Student's Signature

Date

Complete and submit this form (and the required documents) to the UCM **Office of 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).