niversity of Central Missouri ffice of Student Financial Services	Appeal	UCM Office use only
O. Box 800 /arrensburg, MO 64093-5178	Cost-of-Attendance	
Phone 660-543-8266 FAX 660-543-8080 Dn-line: www.ucmo.edu/contactsfs Vebpage: <u>www.ucmo.edu/sfs</u>	Increase	
		EXPEN 21/2
	700	
Student's Name (please print)	UCM ID Nu	mber
Enrollment Period (check onl	ly one)-	
2021/22 9-Month School Year		er 2022 Summer Session
The following circumstance(s)	apply to my situation (mark one or more):	
	tion and fee charges. Explain below.	
	non and ree charges. Explain below.	
Books and supplies . Exp verifying your higher-than	plain below. You must submit photocopies on normal costs.	of documentation (receipts)
Transportation and trav	vel. Explain below. You must provide docu	mentation.
Childcare. You must produce of the second	ovide documentation of expenses and child(r /her signature.	ren) names and ages from the
Are you or do you anticip	pate receiving outside assistance (such as DF	S, Head Start, or Voc Rehab)
for abildeene? [] No []	Σ Ζ Ι	
for childcare? [] No []	Yes, I expect to receive \$ from	n
for childcare? [] No []	Yes, I expect to receive \$ from Amount	Agency.
	Yes, I expect to receive \$ from Amount Be sure to include the amount of additional ass	Agency
	Amount	Agency

Please proceed to Page 2 ...

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Student's Last Name	UCM # 700
Explanation of Circumstances (continued)	

(Attach additional page(s) and other supporting documentation, if appropriate).

I certify the information I've provided is **true and accurate** and I've not in any way misrepresented my financial circumstances. I understand any changes to my financial aid eligibility and/or award offers will be made at the discretion of the UCM Office of Student Financial Services, in accordance with federal and UCM financial aid regulations and guidelines, and the availability of sufficient funds.

Student Signature

Date

Complete and submit this document 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). You'll be notified within ten business days.