

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](http://www.ucmo.edu/sfs)

## Request to Receive Financial Aid to Attend a School Other than UCM (Consortium Agreement)

UCM use only

Attend\_Another\_School\_21.pdf Page 1 of 2  
NOV 5, 2020

CONSI

To: **Academic Advisor, Faculty Advisor, or Internship Director**

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

I wish to receive financial aid to help pay the educational and living expenses I will incur to enroll for one or more classes at a college, university, or educational institution **other than UCM**. I am submitting this request because **unique or special circumstances** exist that prevent me from enrolling (or make it very difficult for me to enroll) for the following class(es) at UCM.

College, university, or school I plan to attend: \_\_\_\_\_

City and State: \_\_\_\_\_

Course Number, Title, and Description of class(es) to be completed (**be specific**):

\_\_\_\_\_  
Online:  
\_\_\_\_\_  
Online:  
\_\_\_\_\_  
Online:  
\_\_\_\_\_  
Online:

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ of classes

My address (if known) during the above period will be: \_\_\_\_\_  
\_\_\_\_\_

**Student Statement (Required)**

Following is the primary reason (please be specific!) I **must** attend one or more classes at a college, university, or educational institution **other than UCM**. In accordance with federal financial aid regulations, I understand that the UCM Office of Student Financial Services **may or may not** be able to approve my request.

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(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 attend a college, university, or educational institution other than UCM. (S)he intends to complete and earn \_\_\_\_\_ credit hours, **all** of which will apply toward completion of his/her UCM degree requirements. I believe this student's intended coursework at another school represents a necessary, valuable, and/or complementary component of the academic program (s)he is pursuing at UCM.

Comments/Clarification: \_\_\_\_\_

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Signature of **UCM Academic Advisor or Faculty Advisor** \_\_\_\_\_

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).