

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  
On-line: [www.ucmo.edu/contactsfs](http://www.ucmo.edu/contactsfs)  
Webpage: [www.ucmo.edu/sfs](http://www.ucmo.edu/sfs)

# Appeal

## Cost-of-Attendance Increase

UCM Office use only

EXPEN 18/19

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

### Enrollment Period (check only one):

2018/19 9-Month School Year     2018 Fall Semester     2019 Spring Semester     2019 Summer Session

The following circumstance(s) apply to my situation (mark one or more):

\_\_\_ **Higher-than-normal tuition and fee charges.** Explain below.

\_\_\_ **Books and supplies.** Explain below. You **must** submit photocopies of documentation (receipts) verifying your higher-than-normal costs.

\_\_\_ **Transportation and travel.** Explain below. You **must** provide documentation.

\_\_\_ **Childcare.** You **must** provide documentation of expenses and child(ren) names and ages from the daycare provider with his/her signature.

\_\_\_ Are you or do you anticipate receiving outside assistance (such as DFS, Head Start, or Voc Rehab) for childcare? [ ] **No** [ ] **Yes**, I expect to receive \$\_\_\_\_\_ from \_\_\_\_\_.  
Amount Agency

**Explanation of Circumstances.** Be sure to include the amount of **additional** assistance you wish to be offered.

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*(Continue on next page or attach a signed statement to this form.)*

Please proceed to Page 2 ...

Student’s Last Name \_\_\_\_\_ UCM # 700 \_\_\_\_\_

**Explanation of Circumstances (continued)**

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

I certify that the information I’ve provided is **true and accurate** and that I’ve not in any way misrepresented my financial circumstances. I understand that 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.