

University of Central Missouri
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Request to Receive Financial Aid to Attend a School Other than UCM (Consortium Agreement)

UCM use only
Attend_Another_School_18.pdf Page 1 of 2 NOV 3, 2017

CONS1

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**):

If any coursework will be completed **on-line**, please explain: _____

Beginning Date: _____ Ending Date: _____ of classes

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

Following are the **total estimated expenses** I'll incur at the above school during the above period:

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

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