

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

Request to Receive Financial Aid for Faculty-Led Tour - Domestic 2018/2019

UCM use only

STDAB

To: **Faculty Tour Leader**

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

Please accept this request for additional financial aid to help pay the educational and living expenses I'll incur to participate in an **approved program of study within the United States**. I have filed/will file the Free Application for Federal Student Aid (FAFSA) for the 2018/2019 school year: ___ Yes ___ No

Please note: completion of this form is not a guarantee of increased financial assistance.

Course Name and Number:	
Location:	
Program Title/Description:	

Beginning date of program: _____ Ending date: _____

Enrollment term for tour: ___ Fall 2018 ___ Spring 2019 ___ *Summer 2019
**For summer enrollment, you will also need to submit UCM's Summer Financial Aid Request, available on MyCentral on or around March 1, 2019.*

Is this program sponsored by the UCM Office of International Programs? ___ Yes ___ No

Following are the **total estimated expenses** I expect to incur to participate in this program:

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

Total \$ _____

Please proceed to page 2 ...

Student's Last Name: _____ UCM ID#: 700 _____

Student Statement (Required)

Following is the primary reason(s) I wish to participate in a program of study within the United States (*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 participate in a faculty-led tour within the United States. The student intends to complete and earn _____ credit hours, all of which will apply toward completion of his/her UCM degree requirements. I believe this program of study represents a valuable and complementary academic opportunity for this student.

Comments/Clarification: _____

Signature of **Director of International Programs**

Date

After completing this request, obtain approval from the Director of International Programs. After approval, 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).