

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)

# Program of Study Verification

UCM use only

PROG19



You **DO NOT** need to complete or submit this form if you are awaiting acceptance into a **GRADUATE** degree program. Student Financial Services will be notified automatically upon your acceptance or denial and will update the requirement on your MyCentral.

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

*FAILURE TO PROVIDE ALL INFORMATION AND REQUIRED DOCUMENTS  
CAN DELAY THE AWARDING OF YOUR FINANCIAL AID.*

Please check the box below that best matches your situation:

\_\_\_\_ I've been **fully admitted** by UCM to pursue my **1st bachelors degree**, beginning with the \_\_\_\_\_ Semester, 20\_\_\_\_. My degree objective is a Bachelor of \_\_\_\_\_.  
My program major is \_\_\_\_\_.

\_\_\_\_ 1. I have been **fully admitted** by UCM to pursue a **2nd bachelors degree**, beginning with the \_\_\_\_\_ Semester, 20\_\_\_\_. My degree objective is a Bachelor of \_\_\_\_\_.  
2. My program major is \_\_\_\_\_.  
3. My expected Graduation/Completion Date is: \_\_\_\_\_.  
4. My first degree was a Bachelor of \_\_\_\_\_.  
5. My program major was \_\_\_\_\_.

\_\_\_\_ I have been **fully admitted** by UCM to pursue a **teacher certification** program, beginning with the \_\_\_\_\_ Semester, 20\_\_\_\_.  
The subject area I'll be certified to teach is \_\_\_\_\_.

\_\_\_\_ I am enrolling for **prerequisite** classes required to be admitted to a UCM **graduate** degree.

\_\_\_\_ I am enrolling as a **visiting** or **special** student and have **not** been fully admitted to a UCM degree or teaching certificate program.

\_\_\_\_ I have **not yet completed my high school degree**, but will finish this degree in \_\_\_\_\_.

\_\_\_\_ I have decided **not to attend** the University of Central Missouri.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Complete and submit this form (and the required documents) 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).