

University of Central Missouri  
Office of Student Financial Services  
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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 19/20

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

### Enrollment Period (check only one):

2019/20 9-Month School Year     2019 Fall Semester     2020 Spring Semester     2020 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 ...

