

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 to Attend a School Other than UCM (Consortium Agreement)

UCM use only

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OCT 29, 2018

CONSI

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	\$ _____

Please proceed to Page 2 ...

Student Statement (Required)

Following is the primary reason (please be specific!) I **must** attend one or more classes at a college, university, or educational institution **other than UCM**. In accordance with federal financial aid regulations, I understand that the UCM Office of Student Financial Services **may or may not** be able to approve my request.

(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 attend a college, university, or educational institution other than UCM. (S)he intends to complete and earn _____ credit hours, **all** of which will apply toward completion of his/her UCM degree requirements. I believe this student's intended coursework at another school represents a necessary, valuable, and/or complementary component of the academic program (s)he is pursuing at UCM.

Comments/Clarification: _____

Signature of **UCM Academic Advisor or Faculty Advisor** _____

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).