

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)

# Request to Receive Financial Aid for Faculty-Led Tour - Domestic 2019/2020

UCM use only

STDAB

To: **Center for Global Education**

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 2019/2020 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 2019 \_\_\_\_ Spring 2020 \_\_\_\_ \*Summer 2020

*\*For summer enrollment, you will also need to submit UCM's Summer Financial Aid Request, available on MyCentral on or around March 1, 2020.*

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 .....	\$ _____
<b>Total</b> .....	<b>\$ _____</b>

**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*):

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\_\_\_\_\_  
**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: \_\_\_\_\_

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\_\_\_\_\_  
Signature of **Study Abroad Coordinator**

\_\_\_\_\_  
**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).