

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 International Study 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 outside 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.

Name of school or institution I'll attend:

Location:

Title/Description of program:

Beginning date of program: _____ Ending date: _____

Enrollment term for study abroad course: 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	\$ _____
Total	\$ _____

Please proceed to page 2 ...

Student Statement (Required)

Following is the primary reason(s) I wish to participate in a program of study outside the United States (*continue on a separate page, if necessary*):

Scholarships or grants: I've been awarded the following special **scholarship or grant** assistance (if any) to help pay the expenses of my study abroad program:

\$ _____

\$ _____

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 program of study outside 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 **Study Abroad Coordinator** _____ **Date** _____

Complete this request, obtain approval, then 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).