University of Central Missouri Student Financial Services P.O. Box 800 Warrensburg, MO 64093-5178

Phone 660-543-8266 FAX 660-543-8080 Webpage: www.ucmo.edu/sfs

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CONS₁

To: Academic Advisor, Faculty Advisor, or Internship Director 700 From Student's Name (please print) **UCMID Number** I wish to receive financial aid to helppay the education and living expenses will incur to enroll for one or more classes at college, university, or educational institution other than UCM. I am submitting this request becauseigue or special circumstances exist that prevent me from enrolling (or make it very difficult for me to enroll). Q the following st(es) at UCM. College, university, oschool I plan to attend: City and State: CourseNumber, Tite, and Description of lass(e) to be complete (be specific): 2 Q O L Q H BBBBBBBBBBBBBBBB 2 Q O L Q H 2 Q O L Q H Beginning Date: Endate: dasses My address (if known) during the above period will be