

University of Central Missouri  
Student Financial Services  
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UCM use only

MEDCL

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Student's Name (please print)

I am requesting that the medical expenses \_\_\_\_ I or \_\_\_\_ parent(s) were required to pay out-of-pocket during the 20\_\_ R U \_\_\_\_ calendar year be considered in the calculation of my eligibility for federal financial aid.

Following is an explanation of these medical expenses and when they were incurred and/or paid

A total of \$\_\_\_\_\_ was paid out-of-pocket during the 12-month 20R U

A photocopy of Schedule A of the 20\_\_ federal tax return must be included with this request. If a Schedule A was not filed, invoices and/or photocopies of canceled checks must be included.

FAILURE TO

\_\_\_\_\_