

Student Financial Services PO Box 800 Ward Edwards 1100 Warrensburg, MO 64093 Office 660543-8266 Fax 660543-8080 Email for documents only financialassistance@ucmo.edu

SAP

6 W X G Nachev ¶ V	700
·	

SAP Appeal - -2 Page 1

Student Name	
(0	
(Continue on a	separate sheet, if necessary.)
Whendo you expect to graduate/complete	y <b>cur</b> rent UCM degree? MonthYear
	olease <u>initial</u> in the space provided.
I have attached or enclosed docume	
	10 business days, via my UCM email account, whether
my appeal has been granted or den	ied.
Lunderstand this appeal, if approved	d, is only valid for one semester.

Page2