

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

Phone 660-543-8266 | FAX 660-543-8080  
On-line: [www.ucmo.edu/contactsfcs](http://www.ucmo.edu/contactsfcs)  
Webpage: [www.ucmo.edu/sfs](http://www.ucmo.edu/sfs)  
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ILQDQFLDODVVLVWDQFH#XFPR HGX

# Appeal

## Cost-of-Attendance Increase

UCM Office use only

EXPEN

700

Student's Name (please print)

20 Fall Semester  20 Spring Semester  20 Summer Session

The following circumstance(s) apply to my situation (mark one or more):

Higher-than-normal tuition and fee charges Explain below.

Books and supplies Explain below. You must submit photocopies of documentation (receipts) verifying your higher-than-normal costs.

Transportation and travel. Explain below. You must provide documentation.

Childcare. You must provide documentation of expenses and child(ren) names and ages from the daycare provider with his/her signature.

Are you or do you anticipate receiving outside assistance (such as DFS, Head Start, or Voc Rehab) for childcare? [ ] No [ ] Yes, I expect to receive \$ \_\_\_\_\_ from \_\_\_\_\_.  
Amount Agency

Explanation of Circumstances . Be sure to include the amount of additional assistance you wish to be offered.

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(Continue on next page or attach a signed statement to this form.)

Please proceed to Page 2..

