

University of Central Missouri
Student Financial Services
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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

From _____ 700 _____
Student's Name (please print) UCMID Number

I wish to receive financial aid to help pay the educational 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 because unique or special circumstances exist that prevent me from enrolling (or make it very difficult for me to enroll) the following class(es) at UCM.

College, university, or school I plan to attend: _____

City and State: _____

Course Number, Title, and Description of class(es) to be completed (be specific):

_____ 2 Q O L Q H

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_____ 2 Q O L Q H

_____ 2 Q O L Q H

Beginning Date: _____ End Date: _____ classes

My address (if known) during the above period will be _____
