

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](http://www.ucmo.edu/sfs)

' R F X P H Q W V 2 Q O \ (-5 ù a À € € p ` 0 Q Ow8/P1nUo8pC000300211255-0c4

5 H T X H V W W R 5 H F H L Y H  
) L Q D Q F L D V O S \$ W L V G B I Q G  
6 F K R R O 2 W K H U W K D Q 8 & 0  
& R Q V R U W L X P \$ J U H H H P H Q W

UCM use only

Page 1 of 2

0 \$ 5 , 20

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 I 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

\_\_\_\_\_ B B B B B B B B B B 2 Q O L Q H

\_\_\_\_\_ 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 \_\_\_\_\_

\_\_\_\_\_

