University of Central Missouri Office of Student Financial Services Ward Edwards 1100 Warrensburg, MO 64093-5178

Phone 660-543-8266 FAX 660-543-8080

On-line: www.ucmo.edu/contactsfs Webpage: www.ucmo.edu/sfs

Appeal

Cost-of-Attendance Increase

UCM Office use only	

	EXPEN 15/1
7	700
Student's Name (please print)	UCM ID Number
Enrollment Period (check only one):	
2015/16 9-Month School Year 2015 Fall Semester 20	016 Spring Semester 2016 Summer Session
The following circumstance(s) apply to my situation (mark o	one or more):
Higher-than-normal tuition and fee charges. Explain	in below.
Books and supplies. Explain below. You must submit verifying your higher-than-normal costs.	it photocopies of documentation (receipts)
Transportation and travel. Explain below. You mus	st provide documentation.
Childcare. You must provide documentation of expendaycare provider with his/her signature.	nses and child(ren) names and ages from the
Are you or do you anticipate receiving outside assistant for childcare? [] No [] Yes , I expect to receive \$	
A	Amount Agency
Explanation of Circumstances. Be sure to include the amount o	of additional assistance you wish to be offered.
(Continue on next page or attach a signed statement to this form.))

Please proceed to Page 2 ...

Student's Last Name	UCM # 700
Explanation of Circumstances (continued)	
(Attach additional page(s) and other supp	orting documentation, if appropriate).
I certify that the information I've provided is true misrepresented my financial circumstances. I und eligibility and/or award offers will be made at the Financial Services, in accordance with federal and and the availability of sufficient funds.	derstand that any changes to my financial aid the discretion of the UCM Office of Student
Student Signature	Date
Complete and submit this document to the UCM Of by mail (1100 Ward Edwards Bldg., Warrensburg M You'll be notified within ten business days.	fice of Student Financial Services in person or MO 64093-5178), or by fax (660-543-8080).

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