

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)  
Documents Only Email:  
financialassistance@ucmo.edu

# Request to Receive Financial Aid for International Study

## 2023/2024

UCM use only

STDAB

To: **Center for Global Education**

From: \_\_\_\_\_ 700 \_\_\_\_\_  
Student's Name (please print) UCM ID Number

Please accept this request for additional financial aid to help pay the educational and living expenses I'll incur to participate in an **approved program of study outside the United States**. I have filed/will file the Free Application for Federal Student Aid (FAFSA) for the 2023/2024 school year: Yes No

**Please note: completion of this form is not a guarantee of increased financial assistance.**

Name of school or institution I'll attend:

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

Location:

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

Title/Description of program:

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

Beginning date of program: \_\_\_\_\_ Ending date: \_\_\_\_\_

Enrollment term for study abroad course: Fall 2023 Spring 2024 \*Summer 2024

Is this program sponsored by the UCM Center for Global Education? \_\_\_\_ Yes \_\_\_\_ No

Following are the **total estimated expenses** I expect to incur to participate in this program:

Tuition and Fees.....	\$ _____
Application and other required Program Fees .....	\$ _____
Room (Housing).....	\$ _____
Board (Meals) .....	\$ _____
Books and Supplies.....	\$ _____
Transportation.....	\$ _____
Personal Expenses.....	\$ _____
Other .....	\$ _____
<b>Total</b> .....	\$ _____

**Please proceed to page 2 ...**

**Student Statement (Required)**

Following is the primary reason(s) I wish to participate in a program of study outside the United States (*continue on a separate page, if necessary*):

---

---

---

---

---

---

---

---

**Scholarships or grants:** I've been awarded the following special **scholarship or grant** assistance (if any) to help pay the expenses of my study abroad program:

---

\$ \_\_\_\_\_

---

\$ \_\_\_\_\_

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

=====

**Before submitting this document to the Office of Student Financial Services,  
you must obtain the following approval.**

I approve of this student's plan to participate in a program of study outside the United States. The student intends to complete and earn \_\_\_\_\_ credit hours, all of which will apply toward completion of his/her UCM degree requirements. I believe this program of study represents a valuable and complementary academic opportunity for this student.

Comments/Clarification: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of **Study Abroad Coordinator**

\_\_\_\_\_  
**Date**

Complete this request, obtain approval, then submit this document to UCM Student Financial Services in person (1100 Ward Edwards Bldg.) or by mail (Student Financial Services, P.O. Box 800, Warrensburg MO 64093-5178), or by fax (660-543-8080).