

Appeal

Cost-of-Attendance Increase

EXPEN 25/26

_____ 700 _____
Student's Name (please print) UCM ID Number

Enrollment Period (check only one):

2025/26 9-Month School Year 2025 Fall Semester 2026 Spring Semester 2026 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.

(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 supporting documentation, if appropriate).

I certify the information I've provided is **true and accurate** and I've not in any way misrepresented my financial circumstances. I understand any changes to my financial aid eligibility and/or award offers will be made at the discretion of the UCM Office of Student Financial Services, in accordance with federal and UCM financial aid regulations and guidelines, and the availability of sufficient funds.

Student Signature

Date

Complete and 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). You'll be notified within ten business days.