



FINANCIAL AID

Request to Receive Financial Aid for Faculty-Led Tour - Domestic

2026/2027

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 Documents Only Email: financialaiddocuments@ucmo.edu

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 within the United States. I have filed/will file the Free Application for Federal Student Aid (FAFSA) for the 2026/2027 school year: Yes No

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

Table with 2 columns: Label (Course Name and Number, Location, Program Title/Description) and empty input field.

Beginning date of program: _____ Ending date: _____

Enrollment term for tour: ___ Fall 2026 ___ Spring 2027 ___ *Summer 2027

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

The 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 \$ _____
Total \$ _____

Please proceed to page 2 ...

Student's Last Name: _____ UCM ID#: 700 _____

Student Statement (Required)

The following is/are the primary reason(s) I wish to participate in a program of study within the United States (*continue on a separate page, if necessary*):

Student's Signature

Date

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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 faculty-led tour within 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

After completing this request, obtain approval from the Study Abroad Coordinator. After approval, 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), by fax (660-543-8080), or via email: financialaiddocuments@ucmo.edu