



FINANCIAL AID

Request to Receive Financial Aid for International Study

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 outside 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.

Name of school or institution I will attend:

\_\_\_\_\_

Location:

\_\_\_\_\_

Title/Description of program:

\_\_\_\_\_

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

Enrollment term for study abroad course: Fall 2026 Spring 2027 \*Summer 2027

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:

Table with 2 columns: Expense Category and Amount. Rows include Tuition and Fees, Application and other required Program Fees, Room (Housing), Board (Meals), Books and Supplies, Transportation, Personal Expenses, Other, and Total.

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*):

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**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:

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

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

\_\_\_\_\_  
**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 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: \_\_\_\_\_

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\_\_\_\_\_  
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), by fax (660-543-8080), or via email : financialaiddocuments@ucmo.edu