

Rec'd by: \_\_\_\_\_  
Date: \_\_\_\_\_



FAO Action: \_\_\_\_\_  
By: \_\_\_\_\_  
Date: \_\_\_\_\_

## The University of Mississippi

Professional Judgment Review Committee  
Office of Financial Aid  
257 Martindale Center  
P.O. Box 1848  
University, MS 38677-1848

Telephone: (800) 891-4596  
Fax: (662) 915-1164  
Email: [finaid@olemiss.edu](mailto:finaid@olemiss.edu)

### 2015 Wintersession Expense Professional Judgment

This form is used to request special consideration for student financial aid because of additional expenses incurred while attending Wintersession. Please be aware that Wintersession is considered part of the Spring term for financial aid purposes. This form is to be used for the additional charges incurred while attending Wintersession, limited to tuition and textbook charges. Please be aware that completion of this form does not guarantee additional aid.

**PLEASE NOTE: If a Wintersession course is dropped within the refund period, this increase will be removed and financial aid paybacks may be incurred.**

To be completed by student (please print):

\_\_\_\_\_  
STUDENT LAST NAME                      STUDENT FIRST NAME                      STUDENT MIDDLE NAME

\_\_\_\_\_  
OLE MISS STUDENT NUMBER                      LOCAL TELEPHONE NUMBER                      OLE MISS EMAIL ADDRESS

Please check the appropriate box indicating your student status:

Undergraduate/Pharmacy (EE1-3/PY1)                       Graduate/ Law/ Pharmacy (PY2-PY4)

Please complete the following information:

Course(s) enrolled: \_\_\_\_\_

If this is a **STUDY ABROAD** or a **STUDY USA** offering, please indicate the location: \_\_\_\_\_

Total number of hours enrolled during Wintersession: \_\_\_\_\_

If approved, increased eligibility will be funded up to the maximum Federal Direct Loan eligibility. If you intend on using a Direct PLUS Loan (parent loan) or a private loan for these additional expenses, please check here. \_\_\_\_\_

If your scholarships have been reduced, you must indicate so by checking here. \_\_\_\_\_

If you anticipate receiving the following aid, please check:

\_\_\_\_\_ Child of Faculty/Staff  
\_\_\_\_\_ Prepaid Tuition Plan (such as MPACT)  
\_\_\_\_\_ National Guard Non-Resident  
\_\_\_\_\_ Academic Common Market  
\_\_\_\_\_ Other (please specify): \_\_\_\_\_

I certify that the information and documentation provided are complete and true to the best of my knowledge. I understand that expenses not documented will not be included.

*Student Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**THIS IS NOT AN APPLICATION FOR A LOAN**