

In-Person Appeal Form

2017-2018 Academic Year

To the Student:

Please *carefully* read these instructions and follow the steps below in order to submit your In-Person Financial Aid Suspension Appeal:

1. Before proceeding, it is best to remember that appeals for financial aid suspension are not automatic. The In-Person Financial Aid Suspension committee will consider your appeal on a case-by-case basis, but, generally, there must have been reasons beyond your control or “mitigating circumstances” such as serious family/personal problems or extended illness which detrimentally affected your academic performance. Students are rarely granted more than one appeal for mitigating circumstances.
2. Set up a face-to-face meeting with your academic advisor to discuss your academic performance and future academic plans. Before this meeting, take time to familiarize yourself with your degree progress. Also, you should take advantage of this meeting by being honest with your academic advisor, by listening carefully to his or her advice, and by asking questions. This meeting should be an important one which helps you to come to a better understanding of where you stand in terms of making progress towards completing your degree.

During the meeting, the “certification of meeting” on the following page must be completed, signed and dated by your academic advisor.

3. After meeting with your academic advisor, return the completed “certification of meeting” to the front desk of the Office of Financial Aid (257 Martindale). You will be contacted by phone and/or email to set up your in-person appeal.

IMPORTANT: Students are afforded only one In-Person Financial Aid Suspension Appeal during their tenure. **Do not submit this form if you have ever completed an in-person appeal in the past and do not submit this form if you have not yet had an online/written appeal denied for this same semester.**



The University of Mississippi
Office of Financial Aid

257 Martindale Student Services Center
University, MS 38677
Toll Free Financial Aid Helpline: (800) 891-4596
Fax: (662) 915-1164

To the Academic Advisor:

This student has been placed on Financial Aid Suspension and, at this point, is no longer eligible to receive student financial aid. He or she is appealing this suspension. An Office of Financial Aid committee will review this student's appeal of financial aid suspension but will need the information that you provide to help reach a more informed decision.

Please discuss with the student their academic performance, degree plans and goals. Please detach, complete, sign and date the "Certification of Meeting" and return to the student so that he or she may return it to our office.

Additionally, please provide a suggested course schedule for this student for the coming academic term(s) as well as an honest assessment of the student's ability and motivation to complete his or her program of study. This suggested course schedule and assessment should be emailed directly to Blake Hemphill, Chair of the in-person appeals committee, at jbhemphi@go.olemiss.edu.

Please know that your assessment will be kept completely confidential and will not be divulged to the student in any way. Your honesty and insight are valuable components of this process. Thank you for your assistance and cooperation in this matter. If you have any questions, please feel free to contact Blake Hemphill at 662-915-5546. **LAST DAY TO SUBMIT A REQUEST FOR AN IN PERSON APPEAL FOR FALL 2017 IS OCTOBER 9TH, 2017 AND SPRING 2018 IS MARCH 9TH, 2018.**

Certification of Meeting

This is to certify that the student named below met with me to discuss his or her financial aid suspension and academic progress.

Appeal for (**circle only one academic term**): FALL SPRING SUMMER

Student's Name: _____

Student's Ole Miss ID Number: _____

Student's Major (and Minor, if applicable): _____

School and/or Department: _____

Expected Graduation Date: _____

Student's Email: _____ Phone: _____

Academic Advisor's Name: _____

Advisor's Signature: _____ Date: _____

Advisor's Email: _____ Phone: _____