

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

Phone: 1-800-891-4596
Fax: (662) 915-1164
Email: finaid@olemiss.edu

2020 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

OLE MISS STUDENT NUMBER

Please check the appropriate box indicating your student status:

___ Undergraduate/Pharmacy (EE1-3/PY1)

___ Graduate/ Law/ Pharmacy (PY2-PY4)

Please complete this form ONLY if you expect to receive additional financial aid and when you are actually registered for your Wintersession courses. Then, please provide the following information:

Course(s) enrolled: _____

Total number of hours enrolled during Wintersession: _____

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

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): _____

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.

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

Student Signature _____ **Date** _____

THIS IS NOT AN APPLICATION FOR A LOAN