

FAO Action:	
By : _	
Date: _	

2025 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): _____

Please indicate one of the following:

If approved, you will be awarded Federal Direct Student Loans up to your annual eligibility. If you are Federal Direct Student Loan max and want to use a Direct PLUS Loan (Parent PLUS for dependent un	•
Graduate PLUS for graduates/professional students) you must indicate so by checking here: If you intend to use an alternative (private) loan for these additional expenses, please check here:	

If your scholarships have been reduced, you must indicate so by checking here:

(*actual wet signature, not a digital one)

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 _____

Office of Financial Aid | 257 Martindale-Cole Student Center | P.O. Box 1848 | University, MS 38677 Phone: 1-800-891-4596 | Fax: 662-915-1164 | Email: <u>finaid@olemiss.edu</u>