



THE UNIVERSITY  
MISSISSIPPI

## In-Person Appeal Form

### Fall 2024-2025 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 Federal 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-Cole). You will be contacted by phone and/or email to set up your in-person appeal.
4. The Academic Advisor’s Certification of Meeting, **MUST** be received in our office by the posted deadline of October 14<sup>th</sup>, 2024 for the fall 2024 term(s).

**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. This form is for the purposes of Federal Financial Aid Suspension only and does not apply to Scholarship Suspensions. Scholarship Appeals may only be submitted in writing through MyOleMiss.**

**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 Jeremy Kennedy, Chair of the in-person appeals committee, at [jtkenned@olemiss.edu](mailto:jtkenned@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 Jeremy Kennedy at 662-915-5580. **LAST DAY TO SUBMIT A REQUEST FOR AN IN-PERSON APPEAL FOR FALL 2024 IS OCTOBER 14<sup>TH</sup>, 2024.**

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**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 **FALL 2024**

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: \_\_\_\_\_