THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

FINANCIAL AID OFFICE
2500 North State Street, Jackson, MS 39216
Phone: 601-984-1117 Fax: 601-984-6984

In-Person Appeal Form 2011 – 2012

Student: Please carefully read and complete the following steps for your In-Person Financial Aid Suspension Appeal:

1. Set up a meeting with your academic advisor. During the meeting, the attached Academic Plan Worksheet must be completed and signed by your academic advisor and must be placed, by your academic advisor, in a sealed envelope.

2. After meeting with your academic advisor, return the Academic Plan Worksheet, in the sealed envelope, to the front desk of the Office of Financial Aid.

3. Obtain a letter of reference, based on your academic progression from a school administrator, which must be placed, by the administrator, in a sealed envelope.

4. 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.

Academic Plan Worksheet

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 on this Academic Plan Worksheet to help reach a more informed decision. Please discuss, with the student, their academic performance and goals and make necessary course recommendations for future academic terms. If you have any questions, please feel free to contact the financial aid office. Thank you for your cooperation in this matter.

Academic Term (**circle only one**): FALL SPRING SUMMER

Student's Name: _____

Student's UMMC ID Number: _____

Student's Plan of Study: _____

School: _____

Expected Graduated Date: _____

Student's Email: _____ Phone: _____

Academic Advisor's Name: _____

Advisor's Signature: _____

Advisor's Email: _____ Phone: _____

Suggested Course Schedule for Academic Term: _____ of 20_____.

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Suggested Course Schedule for Academic Term: _____ of 20_____.

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Student Name:_____

Student ID Number:_____

Suggested Course Schedule for Academic Term: _____ of 20_____.

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In the following space, please provide your comments regarding this student's ability and motivation to complete his or her program of study. The in-person appeals committee is seeking your general, overall opinion of the student's academic performance and abilities. ***Please return this completed form to the student in a sealed envelope or directly to the Financial Aid Office addressed confidential to the attention of the Director, Stacey Mathews.***

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