

Appendix F. Appeal Form and Appeal Letter Template

Purpose. This appendix provides the standard form and letter template an eligible institution may use to appeal a denial or adverse State-level Workforce Pell program determination under Mississippi's Workforce Pell program approval process.

Instructions. An appeal must be submitted in writing within fifteen business days from the date of the written denial or adverse determination notice, unless a different timeframe is established in the notice or applicable State procedure. The appeal must identify the specific determination being challenged and include supporting documentation.

Appendix F-1. Mississippi Workforce Pell Appeal Form

Institution and Program Information

Institution Name	
OPE ID	
Program Name	
CIP Code	
SOC Code(s)	
Date of Denial/Adverse Determination	
Date Appeal Submitted	
Authorized Contact	

Determination Being Appealed

- Institutional eligibility
- Program length or instructional time
- High-skill, high-wage, in-demand, or priority occupation alignment
- Employer validation or employer hiring requirements
- Credential stackability or portability
- Academic credit pathway
- Completion rate documentation
- Job placement or employment rate documentation
- Program cost or anticipated wage review
- Registered Apprenticeship or ETPL-related determination
- Other

Basis for Appeal

Provide a clear explanation of why the institution believes the program satisfies the applicable Workforce Pell requirement and identify the specific determination, criterion, or finding being challenged.

Evidence Submitted with Appeal

- Revised or additional labor market information
- Employer validation forms or letters
- Credential stackability/portability documentation
- Academic credit pathway documentation
- Program length, curriculum, or instructional-hour documentation
- Completion rate, placement rate, or student outcome data
- Registered Apprenticeship documentation
- Explanation for occupation/SOC not included on Mississippi’s pre-approved list, if applicable
- Other supporting evidence

Institutional Appeal Attestation

By signing below, the institution certifies that the information submitted in this appeal is accurate and that the institution is requesting reconsideration based on the written record and supporting documentation provided.

Authorized Official Name	
Title	
Signature	
Date	
Email	
Phone	

For State Use Only

- Appeal received within required timeframe
- Appeal complete
- Additional information requested
- Appeal assigned to Appeals Review Panel
- Conflict-of-interest review completed
- Panel recommendation completed
- Final written determination issued
- Appeal approved
- Appeal denied
- Appeal returned for additional review or clarification

Date Appeal Received	
Date Final Decision Issued	
State Reviewer or Panel Chair	
State Notes	

Appendix F-2. Appeal Letter Template

[Institution Letterhead]

[Date]

AccelerateMS

Mississippi Workforce Pell Program Approval Process

[Address or submission email identified in the denial notice]

Subject: Appeal of Workforce Pell Program Determination - [Program Name]

Dear [Governor's Designee/AccelerateMS Review Team]:

On behalf of [Institution Name], I am submitting this written appeal of the Workforce Pell program determination issued on [date] for [program name].

We believe the program satisfies the applicable Mississippi Workforce Pell program approval requirements and federal Workforce Pell requirements for the following reasons:

In support of this appeal, the institution is submitting the following documentation:

[List supporting document 1]

[List supporting document 2]

[List supporting document 3]

The institution respectfully requests reconsideration of the determination and review of the attached supporting documentation. Please contact [name, title, email, phone] if additional clarification or documentation is needed.

Sincerely,

[Authorized Official Name]

[Title]

[Institution Name]

[Email]

[Phone]