



The Florida State University
 Office of Financial Aid
 Tallahassee FL 32306-2430
 (850) 644-5871
 www.fsu.edu

SSN: _____

NAME: _____

Term: _____

Date: _____

2009-10 NOTIFICATION FOR APPEAL OF HOURS

This form is to confirm that due to situations beyond the student's control, all hours did not show at the end of the add/drop period. A Department Representative should provide a brief, but specific description as to why the student had to add classes after the drop/add period. **Deadline is the last day of classes for the semester affected.**

Reason (must be completed by Dean or Department Representative) _____

 Ref. #

 Course

 Department Representative

 Title

 Telephone Number

 Department

OFFICE USE ONLY!

Approved Denied Cancelled Pending PRR Write-up

Force # Hours Class Pell BF FSAG

 Staff

 Date