



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

SSN: \_\_\_\_\_

NAME: \_\_\_\_\_

Term: \_\_\_\_\_

Date: \_\_\_\_\_

## **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