



Florida State
University
 Office of Financial Aid

Name _____

Empl ID _____

Date _____

2017-2018 NOTIFICATION FOR APPEAL OF HOURS

This form is to confirm that due to situations beyond the student's control, all hours were not reflected at the end of add/drop. **A Dean, Professor, or Academic Advisor** should provide a brief, but specific description as to why the student had to add classes after the drop/add period. **The Deadline to turn in this form is the last day of classes for the semester affected.**

*Students who register for classes on the last day of drop/add may also need this form completed.

Reason: **Completed by Dean, Professor, or Academic Advisor:** _____

_____ Ref. # _____ Course _____

_____ Department Representative _____ Title _____

_____ Telephone Number _____ Department _____

OFFICE USE ONLY!

___ Approved ___ Denied ___ Cancelled ___ # Hours

___ Pell ___ BF ___ FSAG ___ FGEN ___ CDDV

_____ Staff

_____ Date

Florida State University's Use of Social Security Number policy is available at
http://registrar.fsu.edu/bulletin/undergrad/info/university_notices.htm

282 Champions Way P.O. Box 3062430 University Center A4400 Tallahassee, FL 32306
 Phone: 850-644-0539 Fax: 850-644-6404 Email: OFACS@admin.fsu.edu
www.financialaid.fsu.edu