



*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!**

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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](http://registrar.fsu.edu/bulletin/undergrad/info/university_notices.htm)

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