



Florida State
University
 Office of Financial Aid

Name _____

Empl ID _____

Date _____

2019-2020 ENROLLMENT MODIFICATION 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 drop/add. **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.**

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