



Name \_\_\_\_\_  
Empl ID \_\_\_\_\_  
Date \_\_\_\_\_

### 2021-2022 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