



FLORIDA STATE UNIVERSITY
Office of Financial Aid

Name: _____

EMPLID: _____

Date: _____

2022-2023 ENROLLMENT MODIFICATION APPEAL OF HOURS

This form is to confirm that due to circumstances beyond the student’s control, all hours were not reflected at the end of the drop/add period. A **Dean, Professor, or Academic Advisor** should provide a brief but specific description detailing why 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.**

This section should be completed by a **Dean, Professor, or Academic Advisor**. The reason for enrollment after the drop/add deadline:

_____	_____
<i>Reference #</i>	<i>Course</i>
_____	_____
<i>Department Representative</i>	<i>Title</i>
_____	_____
<i>Telephone Number</i>	<i>Department</i>

Office Use Only

Approved Denied Canceled #Hours

Pell BF FSAG FGEN CDDV

Staff Signature

Date