Name: \_\_\_\_\_\_ EMPLID: \_\_\_\_\_\_ Date: \_\_\_\_\_

## 2023-2024 ENROLLMENT MODIFICATION APPEAL OF HOURS

FLORIDA STATE UNIVERSITY

Office of Financial Aid

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:

Reference # Course Department Representative Title Telephone Number Department Office Use Only Approved Denied Canceled #Hours BF FSAG CDDV Pell FGEN Staff Signature Date Florida State University's Use of Social Security Number policy is available at http://registrar.fsu.edu/bulletin/undergraduate/information/university\_notices/ 282 Champions Way | P.O. Box 3062430 | University Center A4400 | Tallahassee, FL 32306 Phone: 850-644-0539 | Fax: 850-644-6404 | Email: financialaid@fsu.edu www.financialaid.fsu.edu