



FLORIDA STATE UNIVERSITY  
Office of Financial Aid

Name: \_\_\_\_\_

EMPLID: \_\_\_\_\_

Date: \_\_\_\_\_

## 2023-2024 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference #	Course
Department Representative	Title
Telephone Number	Department

**Office Use Only**

Approved       Denied       Canceled       #Hours

Pell       BF       FSAG       FGEN       CDDV

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**