



Florida State
University
 Office of Financial Aid

Name _____

Empl ID _____

Date _____

2016-2017 NOTIFICATION FOR 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 add/drop. **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.**

*Students who register for classes on the last day of drop/add may also need this form completed.

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

Florida State University's Use of Social Security Number policy is available at
http://registrar.fsu.edu/bulletin/undergrad/info/university_notices.htm

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