

APPEAL FOR SCHEDULE ADJUSTMENT

(ONLY ACCEPTED for one week after drop/add period, Thursday, 1/14/10 – Friday, 1/22/10)

Student Name _____ UWF I.D. Number _____

Daytime Phone _____ E-mail address _____

I request permission to make a schedule adjustment for the following reason (attach appropriate documentation and additional pages, as necessary). Instructors must approve any late adds. NOTE: Appeals are based upon extenuating circumstances beyond the student's control.

____ I am not receiving any type of financial aid.

____ I am receiving VA benefits and have discussed the actions listed with Veterans Services.

____ I am receiving financial aid and have discussed the effect of the actions listed with the Financial Aid Office.

____ I am receiving Bright Futures and have discussed financial implications with the Financial Aid Office.

* **Advised by Director, Associate Director, or Assistant Director of Financial Aid. (Signature required)**

REASON FOR APPEAL:

ADJUST- MENT	Ref #	Course Prefix & #	CR HR	Auth Code (permission courses only)	P / F	Audit	Instructor's Signature (required for adding)
FROM (Drop)							
TO (Add)							X _____ Date _____
FROM (Drop)							
TO (Add)							X _____ Date _____

It is strongly recommended that students see their advisor prior to requesting adjustments. Students should leave all appropriate paper-work with a daytime phone number and email address. The Registrar's Staff shall email students with the decision. Students who increase the total number of credit hours of enrollment or whose fees increase will be assessed the additional fees including the \$100 late payment fee.

Student Signature _____ Date Rev. 0110-a

FOR REGISTRAR'S OFFICE USE ONLY

SEMESTER/YEAR _____ / _____ DATE GIVEN _____ DUE DATE _____ / _____
Initials _____

____ Approved ____ Disapproved

COMMENTS: _____

Checklist:

- __ Notification to Controller=s Office
- __ Notification to OSFA
- __ Notification to Student

Initials _____ Date _____