

APPEAL FOR SCHEDULE ADJUSTMENT *(after drop/add period)*

Student Name _____ Student 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 financial aid and have discussed the effect of the actions listed with the OSFA.
- I am receiving VA benefits and have discussed the actions listed with Veterans Services.

REASON FOR APPEAL:

ADJUSTMENT	Ref #	Course Prefix & #	CR HR	Auth Code (permission courses only)	P / F	Audit	Instructor's Signature (required on late add)
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 call or email students with the decision.

Student Signature _____

Date _____

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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 _____