

^E STUDENT APPEAL FORM LATE ADD / SCHEDULE ADJUSTMENT FORM

This form must be submitted to request a late add or schedule adjustment by exception after the published last day to Add/Drop in the Week of Financial Responsibility. Please print legibly. Use the second page for additional justification. Documentation may be required. This form must be submitted to the Collegewide Chair or Dean within one business day after obtaining applicable signatures.

INCOMPLETE FORMS WILL BE RETURNED TO THE STUDENT CAUSING DELAYS OR POSSIBLE MISSED DEADLINES.

Term: Fall Spring Summer Year: Check box if you are Dual Enrollment Student

Student Name	(Print or type Legibly)	Student ID Number	Daytime Phone
Stre	et Address	City, State, Zip	Student Program of Study

Course(s) to be ADDED or REMOVED from Schedule

Instructors should verify that a student has been attending the course or that the instructor is willing to assist the student in making up any missed work (or the student has agreed to accept any penalties for missed work) prior to enrollment in the class. Student must read and sign below.

CRN	COURSE SUBJECT & NUMBER	SECTION NUMBER	COURSE NAME	CREDIT or CLOCK HRS	STUDENT ATTENDING CLASS (Y/N)	INSTRUCTOR APPROVAL	PROGRAM MANAGER APPROVAL REQUIRED FOR CLOCK HOUR OR LIMITED ACCESS PROGRAM (FOR CLASS REMOVAL)		Indicate Course to be ADDED or REMOVED
12345	BSCC 1010	01M	GENERAL BIOLOGY 1	4				(Y OR N)	□ Add □ Remove
								(Y OR N)	□ Add □ Remove
								(Y OR N)	□ Add □ Remove
								(Y OR N)	□ Add □ Remove
								(Y OR N)	□ Add □ Remove
								(Y OR N)	□ Add □ Remove
								(Y OR N)	□ Add □ Remove

Continue to next page for including reason for request and any required documentation.

2. Consult Student Handbook for additional information.

I understand that exceptions may be referred to the Student Financial Appeals Committee (SFAC). The decision of the SFAC is final. I also understand that any debt that is not removed from my account will be due upon decision of the SFAC committee.

Student Signature					Date:	
Collegewide Chair/Dean Complete Below.	Approve	d:	YES	NO		
Collegewide Chair					Date:	
Dean					Date:	
Signed form must be completed and submitted for	registration	within one w	eek of final/	approval, or it	t becomes invalid.	
Office of the Registrar: Student Notified via:	🗆 email	□ phone	□ Other			
Processed by:					Date:	

Eastern Florida State College is dedicated to providing a nondiscriminatory environment which promotes equal access, equal educational opportunity and equal employment opportunity to all persons regardless of age, race, national origin, color, ethnicity, genetics, religion, sex, gender preference, pregnancy, disabilities, marital status, veteran status, ancestry or political affiliation in its programs, activities, or employment. Inquiries regarding the College's nondiscrimination policies may be directed to:

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Ms. Darla Ferguson, Civil Rights Compliance Officer

Cocoa Campus, Building 2, Room 103 1519 Clearlake Road, Cocoa, FL 32922 Phone: 321-433-7080 E-mail: fergusond@easternflorida.edu *OR*

Stephen W. Salvo Security & Title IX Compliance Coordinator Melbourne Campus, Bldg. 8, Rm. 201G 3865 North Wickham Road, Melbourne, FL 32935 Phone: 321-433-7180 Fax: 321-433-5775 Email: <u>salvos@easternflorida.edu</u>

Inquiries regarding veterans' programs may be directed to:

Military & Veterans Service Center Student Services Center/Administration Building 1, Room 140 3865 N. Wickham Road, Melbourne, FL 32935 Phone 321-433-7880

OR

Military & Veterans Service Center Ralph M. Williams Student Center, Building 11, Room 113 1519 Clearlake Road, Cocoa, FL 32922 Phone: 321-433-7880