

FORT HAYS STATE UNIVERSITY

Please review University policies for the following at www.fhsu.edu/registrar.

APPEAL FOR:

_____ **LATE ENROLLMENT/ADD (INCLUDE CHECK FOR AMOUNT OF FEES)**
_____ **LATE WITHDRAW – NO REFUND AVAILABLE**
_____ **FOR REFUND OTHER THAN REFUND BASED ON REFUND SCHEDULE**
_____ (%) refund allowed _____ amount (%) of refund you feel you are entitled _____
_____ **Documentation attached** (statement from physician or other professional)

STUDENT NAME: _____ COURSE: _____ Dept _____ Course # _____ Section _____

STUDENT ID: _____

ADDRESS: _____

-
- (A) STUDENT:
Indicate the reason(s) why University policy should be waived for you. Be very specific with your reason(s):

Signature of Student

Date

-
- (B) INSTRUCTOR:
Indicate the reason(s) the University enrollment policy should be waived for this student:

Last Date of Attendance
for Late Withdraw

Signature of Instructor

Date

-
- (C) ADVISOR:
Indicate the reason(s) the University enrollment policy should be waived for this student:

Signature of Advisor

Date

Complete the above (one for each course) and return to Registrar's Office after (A), (B), and (C) have been completed. The Committee will not consider incomplete appeals. Your appeal does not guarantee approval by the Committee.

RETURN TO REGISTRAR'S OFFICE, 302 PICKEN HALL

Date Received: _____