FORT HAYS STATE UNIVERSITY

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

| | | efund allowed mentation attached (| amount (%) of refund yo statement from physician or o Dept | ou feel you are entitled ther professional) Course # | l Section |
|---------------------------------------|--|---|--|--|---------------|
| STUDENT NA STUDENT ID: ADDRESS: | | | | | |
| (A) | Indic | DENT: ate the reason(s) why treason(s): | University policy should be wa | aived for you. Be very | y specific wi |
| | | | Signature of Student | Date | |
| (B) | INSTRUCTOR: Indicate the reason(s) the University enrollment policy should be waived for this student: | | | | |
| | | Date of Attendance ate 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 | |

Date Received:_____

RETURN TO REGISTRAR'S OFFICE, 302 PICKEN HALL