REQUEST FOR
SCHEDULE ADJUSTMENT

UWF ID Number: __________________________ Name: __________________________

UWF Email: _______________________________ Phone Number: __________________________

If you are receiving either VA benefits or financial aid (of any kind), a signature from the corresponding office is REQUIRED:

NOTE: All Adjustments (especially course/credit additions) must be done by the end of the drop/add period in order to be utilized in your overall credit count towards your financial aid. *Indicates a signature is required in order for the request to be considered complete.

Check any/all that apply:
☐ I am NOT receiving any type of financial aid.
☐ *I am receiving VA benefits and have discussed the actions listed with the Military & Veteran Resource Center.*
☐ *I am receiving financial aid and have discussed the effect of the actions listed with the Office of Financial Aid & Scholarships.*

Financial Aid Signature: __________________________ Date: __________________________

VA Benefits Signature: __________________________ Date: __________________________

Reason for Request: Requests are considered only in cases of extenuating circumstances beyond the student’s control. Attach appropriate documentation and additional pages as necessary. (Write on back of form). I request permission to make a schedule adjustment for the following reason(s):

Notes/Instructions to the student:

NOTE: Late drops do not issue automatic refunds of tuition and fees. The fee appeal process must be followed; contact Student Accounts.

• See Requesting a Schedule Adjustment for deadlines
• Instructors and Department Chairs MUST approve ALL LATE ADD requests.
• It is highly recommended that student see their academic advisor prior to requesting adjustments to ensure that course selection aligns with degree planning.
• Students whose adjustment increases the total number of credit hours of enrollment or whose fees increase will be assessed any/all additional/applicable fees, including, but not limited to the $100 late payment fee.

REQUEST(S) for ADJUSTMENT
(*REQUIRED- To be obtained by student)

<table>
<thead>
<tr>
<th>Adjustment Type</th>
<th>CRN #</th>
<th>Subject &amp; Course No.</th>
<th>Credit Hrs.</th>
<th>Date Course Started</th>
<th>Grade Mode</th>
<th>*Instructor Signature</th>
<th>Date</th>
<th>Department Chair Signature</th>
<th>Date</th>
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Student Agreement: I understand the financial implications of this request. I understand that I must repay the university any financial aid received for the dropped course(s); I will lose eligibility for VA benefits or Florida Prepaid, if applicable. I understand I may owe tuition and fees for the dropped course(s) since these courses were dropped after drop/add week, per the UWF Academic Calendar.

Student Signature: __________________________ Date: __________________________

REGISTRAR OFFICE USE

Term Code: __________________________ Completed By: __________________________ Date: __________________________

Processed: [ ] YES [ ] NO Notification completed: [ ] Controller/Student Accounts [ ] Financial Aid [ ] Student

Comments: __________________________

Update: 09072018