

REQUEST FOR SCHEDULE ADJUSTMENT

Phone: 850-474-2244
registrar@uwf.edu

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)

Adjustment Type	CRN #	Subject & Course No.	Credit Hrs.	Date Course Started	Grade Mode	*Instructor Signature	Date	Department Chair Signature	Date

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: