REPEAT/DELETE APPEAL

After the Repeat/Delete (R/D) Deadline, Repeat/Delete requests can only be accomplished through a written appeal. To file a Repeat/Delete Appeal, you will need to submit this form and the referenced documentation to the Registrar’s Office, Centennial Hall. If the packet is complete it will take approximately four weeks (depending on time of year) for a decision.

PLEASE NOTE: Repeat/Delete Appeals should be filed prior to the end of the semester at 2:00 p.m. the day on which grades are due for the term. Appeals filed after the semester’s end are unlikely to be granted unless:

1. The student could not be reasonably expected to know that an appeal was necessary until semester grades were posted or
2. Extenuating circumstances beyond student’s control prevented the student from meeting relevant registration and appeal deadlines.

Student’s Name __________________________________________ CSU ID _______________________

R/D Course (i.e., MATH 160) Subject Number Course First Taken Semester Year Course Repeated Semester Year

Email Address __________________________________________ Date Appeal Submitted __________

REASON FOR REPEAT/DELETE APPEAL

_____ Extenuating circumstances (include 1, 2, 3 and 4 below)

_____ University error – Repeat/Delete Request Form was not submitted by the course withdrawal deadline because of university error (include 1, 2, 3 and 5 below)

BE SURE TO INCLUDE THE APPROPRIATE DOCUMENTS LISTED BELOW OR THE APPEAL MAY BE REJECTED OR RETURNED FOR FURTHER DOCUMENTATION.

All appeals require a student letter, documentation, an advisor letter and the Undergraduate Repeat/Delete Request Form.

1. Student letter explaining reason for the Repeat/Delete Appeal.
2. Advisor letter on department letterhead providing any information that is relevant to the appeal. If the student sought advice about repeat/deleting a course, please include a summary of the advice given and indicate whether that consultation took place prior to the Repeat/Delete deadline.
3. Completed Undergraduate Repeat/Delete Request Form.
4. Documentation of any extenuating circumstances beyond student’s control that prevented the student from meeting the Repeat/Delete deadline (e.g., medical condition, death of a family member, accident, advisor’s error, etc.).
5. Documentation of university error on department letterhead or email from faculty/staff member who incorrectly advised the student or gave information resulting in university error.
Decision regarding Repeat/Delete Appeal

Date request reviewed in Registrar’s Office: ______________

If applicable: Decision of Registrar’s Office (via permission from the Vice Provost for Undergraduate Affairs)

Action: Approved ____ Forward to VP for decision ____

Registrar or Registrar Designee Date

Date request received in Vice Provost Office: ______________

The decision of the Vice Provost for approval or denial is final.

Action: Approved ____

Denied ____

Insufficient Documentation ______________
(Student may choose to re-submit packet with additional documentation.)

Vice Provost for Undergraduate Affairs Date

Comments: