REPEAT/DELETE APPEAL

DUE: 4:30PM Friday of Finals week

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) ___________________________ Course First Taken __________________ Course Repeated __________________

Subject Number Semester Year Semester Year

Email Address ____________________________@rams.colostate.edu

Submission of this appeal assumes complete documentation and information provided after the submission will not be considered for the appeal. Submission of all requested materials and documentation is not a guarantee that your appeal will be approved.

I understand the decision regarding my appeal is final.

I have contacted the OFFICE OF FINANCIAL AID and I am fully aware of any financial implications related to my request

Student Signature: ___________________________ Date 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)

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 an immediate family member, accident, advisor’s error, etc.) *You may send a letter from a medical provider, but DO NOT send medical records.
5. Documentation of university error on department letterhead or email from faculty/staff member who incorrectly advised the student or gave information resulting in error.

Revised: March 14, 2017
DECISION REGARDING REGISTRATION 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 VPUA or Graduate School for decision ____

______________________________    __________________________
Registrar or Registrar Designee    Date

______________________________
Date request reviewed in Vice Provost Office/Graduate School:  ____________

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

Action:   Approved ____

   Denied _____

______________________________    __________________________
Vice Provost for Undergraduate Affairs    Date

Comments: