REGISTRATION APPEAL

___ On-campus course.
___ CSU Online course.

DUE: 4:30PM Friday of Finals week

NOTE: APPEALS ARE NOT AN APPROPRIATE AVENUE TO REPAIR GPA AND WILL BE DENIED.

Appeals filed after the semester’s end are unlikely to be granted unless extenuating circumstances beyond the student’s control prevented the student from meeting relevant registration and appeal deadlines.

Student’s Name ___________________________ CSU ID ___________________________

Course ___________________________ Subject Number ___________________________

Semester Taken ___________________________ Semester Year ___________________________

Email Address______________________________@rams.colostate.edu

Undergraduate _____ Graduate ______

(Graduate students must submit appeals to the Graduate School, Room 108 in the Student Services Bldg.)

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: _______________________

ACTION REQUESTED—CHECK ONE* OF THE OPTIONS FOR THE REGISTRATION APPEAL:

___ Course Drop – course removed from transcript with a refund of course assessment (include 1, 2, and 3 – on next page)

___ Course Withdrawal – “W” appears on transcript with no course assessment refund (include 1, 2, and 3 - on next page)

*Exception: Please check both Course Drop and Course Withdrawal above if you are willing to accept either outcome.

___ Late Add or Change (of Course) after End of Term (include 1, 2, 3 and 4 - on next page)

___ Change of Grading Option to Satisfactory/Unsatisfactory: Class must be eligible for this option. (include 1, 2, 3, and 4 – on next page)

___ Change of Grading Option to Audit (include 1, 2, 3, and 4 –on next page)

Revised: March 14, 2017
NOTE: Appeals concerning a disability or medical issue require the documentation form or a letter from Resources for Disabled Students (RDS), Case Management, the Health Network or a personal provider of services. If the instructor or department chair is unavailable to fill out the documentation form, please include proof of request for the documentation form or letter. DO NOT submit medical records.

Please initial when complete:

1) **Student letter** explaining reason for the appeal.

2) **From Instructor:** Documentation form (page 3) providing information on the student’s academic performance or attendance that is relevant to the appeal. If the student sought advice on whether to continue in the course, please include a summary of the advice given and indicate whether that consultation took place prior to the relevant registration deadline.

3) **Documentation of any extenuating circumstances** beyond student’s control that prevented the student from meeting the registration or appeal deadlines (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*

4) **Include appropriate completed form** Late Registration Change Request form or Audit/ Satisfactory/Unsatisfactory Form

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**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 or Dean of the Graduate School __________________________ Date ____________

Comments:

Revised: March 14, 2017
Documentation from (a copy of this page needs to be printed for each entity):

Instructor _______ Conflict Resolution _______
RDS _______ Other CSU Support _______
Case Management _______ Medical _______

Student’s Name: ___________________________ CSUID ___________________________
Course (Subject/number) _______________________ Semester/Year Taken __________
Instructor Name ____________________________ Title ___________________________
Department __________________________________________________________________

Best way to contact you for follow-up questions:
Email ___________________________@colostate.edu Phone ___________________________

Please provide any information you feel is relevant to the determination of this student’s appeal, including academic performance, attendance, assignments, and relevant conversations with the student, extenuating or exacerbating circumstances, or other pertinent evidence:

(Optional) Based on the evidence you are aware of, you may provide your opinion about the preferred outcome of this appeal. Please keep in mind that you may not be privy to all the evidence relevant to this appeal.

_____ I support this appeal

_____ I do not support this appeal

_____ I have no opinion concerning this appeal

Additional information:

__________________________________________________________________________

Signature ___________________________ Date: __________________________

Printed name: ___________________________ Dept: __________________________

Revised: March 14, 2017