

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

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:

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: _____