

REPEAT/DELETE APPEAL

Appeals submitted via email must be received from the student's CSU email account.

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)

ALL DOCUMENTATION MUST BE TYPED please include your CSUID# (handwritten documentation will not be accepted)

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.

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: