

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

Student's Name _____ CSU ID _____

CSU Email Address _____@_____.colostate.edu Phone _____

Undergraduate _____ Graduate _____

(Graduate students must submit appeals to the Graduate School: in person at Room 108 of the Student Services Bldg. or e-mailed as a scanned PDF to gradschool@colostate.edu)

Course _____ Semester Taken _____
Subject Number Semester Year

Instructor Name _____ Instructor Phone _____

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

_____ **Course Drop** – course removed from transcript with a refund of course assessment (include items 1, 2, and 3 from below)

_____ **Course Withdrawal** – "W" appears on transcript with no course assessment refund (include items 1, 2, and 3 from below)

*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 items 1, 2, 3 and 4 from below)

_____ **Change of Grading Option to Satisfactory/Unsatisfactory:** Class must be eligible for this option. (include items 1, 2, 3, and 4 from below)

_____ **Change of Grading Option to Audit** (include items 1, 2, 3, and 4 from below)

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) TYPED Student letter** explaining reason for the appeal. ALL DOCUMENTATION MUST BE TYPED please include your CSUID# (handwritten documentation will not be accepted)

_____ **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

(Continued on next page)

Submission of this appeal assumes **all documents are complete and included**. 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: _____

CSU ID#: _____

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 provided for each entity presenting documentation):

Instructor (required) _____
RDS (if applicable) _____
Case Management (if applicable) _____

Conflict Resolution (if applicable) _____
Other CSU Support (if applicable) _____
Medical (if applicable) _____

Student's Name: _____

CSUID _____

Course (Subject/number) _____

Semester/Year Taken _____

Contact Name _____
(Instructor, Case Manager, Medical Professional, Advisor, etc.)

Title _____

Department _____

Best way to contact you for follow-up questions:

Email _____@colostate.edu

Phone _____

Please provide 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:

(You may attach a separate **typed** sheet if the space available is not sufficient for your explanation)

Based on the evidence you are aware of; 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

Explanation: (you may attach a separate **typed** sheet if the space available is not sufficient for your explanation)

Signature _____ Date: _____

Printed name: _____ Dept.: _____