REGISTRATION APPEAL

DUE: 4:30PM Friday of Finals week
Summer: Last day of the 12 wk term

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 filed after a degree has been awarded will not be considered.

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 Student Disability Center, Women and Gender Advocay, 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#: _______________________________

Bring completed form (with all signatures) with documentation to the Office of the Registrar, 100 Centennial Hall

DECISION REGARDING REGISTRATION APPEAL

Date request reviewed in Office of the Registrar: ______________________________

If applicable: Decision of Registrar (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: November 2019
**Documentation from** (a copy of this page needs to be provided for each entity presenting documentation):

<table>
<thead>
<tr>
<th>Entity</th>
<th>Information</th>
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<tbody>
<tr>
<td>Instructor (required)</td>
<td>_____</td>
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<tr>
<td>Student Disability Center (if applicable)</td>
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<td>Case Management (if applicable)</td>
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<td>Woman &amp; Gender Advocacy (if applicable)</td>
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<td>Conflict Resolution (if applicable)</td>
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<td>Other CSU Support (if applicable)</td>
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<td>Medical (if applicable)</td>
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Student’s Name: __________________________________         CSUID ________________________________

Course (Subject/number) ___________________________  Semester/Year Taken __________________________

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

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.: __________________________

Revised: November 2019