REGISTRATION APPEAL  

___ Main Campus course (on campus or online (401 section number)  
___ CSU Online course (800-899 section number)  

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 ___________________________  
Subject Number ________________________  
Semester Taken ________________________  
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 – Not needed for swapping sections of the same course or adjusting variable credit; utilize the Late Registration Change Request form from your instructor.

___ 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 Advocacy, 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)

Revised: November 2019
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:
Documentation from (a copy of this page needs to be provided for each entity presenting documentation):

Instructor (required) ____________  Conflict Resolution (if applicable) ____________
Student Disability Center (if applicable) ____________  Other CSU Support (if applicable) ____________
Case Management (if applicable) ____________  Medical (if applicable) ____________
Woman & Gender Advocacy (if applicable) ____________

Student’s Name: ____________________________________________  CSUID _____________________________

Course (Subject/number) ____________________________  Semester/Year Taken ____________________________

Contact Name ____________________________  Title ____________________________
(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