



# Graduation Appeal Submission:

Type of Appeal:  AUCC Core Course Substitution

University Graduation Requirement

CSUID: _____	Date: _____
First Name: _____	Last Name: _____
Email: _____@ <a href="http://colostate.edu">colostate.edu</a>	Phone #: _____
Anticipated Graduation Date: _____	Major: _____

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

**STUDENT:** please review the needed documentation for your appeal submission; **initial next to each supporting document** (not all documents may be applicable to your specific situation) that you have included. More information regarding supporting documentation is outlined on page 2 of this form.

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

- Personal Statement \_\_\_\_\_ (student initial)
- Degree Audit \_\_\_\_\_
- Syllabus \_\_\_\_\_
- Department Support \_\_\_\_\_
- Campus Support \_\_\_\_\_
- Medical Support \_\_\_\_\_

Submission of this appeal assumes complete and final documentation, supplemental information provided after submission will not be considered for 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 and not subject to further appeal.  
(initial)

It can take 3-4 weeks to receive a response once a complete appeal has been received by the Office of the Registrar.

Complete Appeals should be mailed or delivered to:  
Colorado State University  
Office of the Registrar  
Centennial Hall  
1063 Campus Delivery  
Fort Collins, Colorado 80523-1063

## SUPPORTING DOCUMENTATION

DOCUMENTATION	DESCRIPTION	REQUIRED FOR
Personal Statement	Provide a <b>concise</b> synopsis of your situation and the reasoning behind your request. Any reference to personal medical situations should be supported via documentation from professional medical staff and <b>should not</b> be explained in detail within your personal statement. For appeals citing death or illness of an immediate family member a death certificate, obituary notice or dated letter from the attending physician are needed.	ALL appeals
Degree Audit	Students are required to print and attach a full version of their Degree Progress Audit from their RAMweb account. It is recommended the student highlight the area of their degree audit impacted by the appeal request.	All graduation appeals
Syllabus	Syllabus should be provided for all course substitution requests. Submit a syllabus along with the CSU teaching department assessment of course in question.	Course substitutions
Department Documentation	Students requesting graduation requirements be waived will require a statement of support from their academic advisor and their department head. These can be submitted in sealed envelope.	Graduation Requirement
	Advisor support is not required when requesting a course substitution. Student must provide the teaching department with a course syllabus and that department will need to document the applicability of the course, via a typed memo, for substitution. If department documentation is not present, course(s) will not be considered for substitution.	Course Substitution
Campus Support	If department support is not included, support from a campus official must be incorporated for consideration of the appeal. Examples of campus support include residence hall staff, administrative staff, CSUPD, case management, etc.	Graduation Requirement (if applicable)
Medical Support	Confirmation of medical circumstance influencing the specific issue is required if student is citing medial influence for appeal. Detail of issue is not required (DO NOT SUBMIT PERSONAL MEDICAL RECORDS), confirmation of medical issue and dates in which the issue influenced student should be provided on official medical letterhead or prescription paper.	Graduation Requirement (if applicable)

# Graduation Requirement Appeal Request:

Please read and follow the instructions provided on the previous pages (1,2) before proceeding.

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

The appeal will not be considered if there is not sufficient, detailed rationale and documentation provided. See page 2 for required documentation

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**Both** the student's Advisor and the Unit Head must sign below in order to submit an appeal. Signature means that the individual has reviewed the documentation provided and agrees that it is sufficient to guide the Vice Provost for Undergraduate Affairs in deliberation of the appeal. Also, the Advisor and the Unit Head are to individually indicate either support or lack of support for the request being made by the student. **(Vice Provost makes the final decision.)**

\_\_\_\_\_  
Advisor signature                      \_\_\_\_ supports the request \_\_\_\_ does not support request                      \_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor name (printed)                      \_\_\_\_\_  
Phone                      \_\_\_\_\_  
Department

\_\_\_\_\_  
Department Chair / Head signature                      \_\_\_\_ supports the request \_\_\_\_ does not support request                      \_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair / Head name (printed)                      \_\_\_\_\_  
Phone                      \_\_\_\_\_  
Department

- If requesting a course substitution a course syllabus must be included -

# Decision regarding Graduation Requirement Appeal:

Date request received in Office of the Registrar: \_\_\_\_\_

*If applicable: Decision of Registrar (via permission from the Vice Provost for Undergraduate Affairs)*

Action:    \_\_\_\_\_ Approved            \_\_\_\_\_ Forward to VP for decision

\_\_\_\_\_  
Registrar or Registrar's Designee

\_\_\_\_\_  
Date

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Date request received in Vice Provost Office: \_\_\_\_\_

*The decision of the Vice Provost for approval or denial is final.*

Action:    \_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_  
Vice Provost for Undergraduate Affairs

\_\_\_\_\_  
Date

Comments: