



Graduation Appeal Submission:

Type of Appeal: AUCC Core Course Substitution

University Graduation Requirement

CSUID: _____	Date: _____
Preferred First Name: _____	Last Name: _____
Email: _____@colostate.edu	Phone #: _____
Pronouns (Optional): _____	Major: _____
Anticipated Graduation Date: _____	

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 concise 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 should not 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

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: