



REGISTRATION APPEAL

This form is used to request consideration of the following actions:

Course Drops: after the add/drop deadline for the term in which you registered for the course; if approved, the course will be removed from your transcript with a refund of course tuition assessment

Course Withdrawal: after the withdrawal deadline for the term in which you registered for the course; if approved, a "W" appears on your transcript with no course tuition assessment refund

Late Add or Change (of a course) for a PREVIOUS TERM: Students wishing to switch sections of the same course or adjusting variable credits for a course(s) in the CURRENT TERM should submit a Late Registration Change Request. This form is available from your instructor and must be signed by them.

Changing of Grading Option to or from Satisfactory/Unsatisfactory: Class must be eligible for S/U or traditional grading option, as applicable. If S/U grade has been assigned, documentation from instructor must confirm ability to provide letter grade

Changing of Grading Option to or from Audit: If AU grade has been assigned, documentation from instructor must confirm ability to provide letter grade

Submission Information:

Due Date:

- Fall/Spring Semester: 4:30 PM Friday of Finals Week
- Summer Semester: Last day of the 12 week term

To submit this form:

- CSU Main Campus **Undergraduate** Student: Submit via the secure upload at <https://registrar.colostate.edu/registration-appeal-electronic-upload/>
- **CSU Online Student Undergraduate** Course(s) Section Numbers **801**: Submit Appeal through CSU Online <https://www.online.colostate.edu/faqs/policies/appeals.dot>
- CSU Online / CSU Main Campus **Graduate** Student: Submit to the Graduate School, 108 Student Services, or email the form to gradschool@colostate.edu

Additional Information:

- 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 INFORMATION

Student's Name _____ CSU ID _____ Pronouns (Optional) _____
(Preferred First Name, Last Name)

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

☐

Undergraduate Student

☐

Graduate Student

Course _____ Semester Taken _____
Subject Number Semester Year

Instructor Name _____ Instructor Phone _____

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

☐

Course Drop – (include items 1, 2, and 3 from below)

☐

Course Withdrawal – (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) for A PREVIOUS TERM – (include items 1, 2, 3, and [Late Registration Form](#)).

☐

Change of Grading Option to or from Satisfactory/Unsatisfactory – (include items 1, 2, 3, and [S/U form](#))

☐

Change of Grading Option to or from Audit – (include items 1, 2, 3, and [Audit Form](#))

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, Audit Form, or Satisfactory/Unsatisfactory Form.
Necessary forms can be found at the end of this document.

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

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 FOR 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 form (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 _____

(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.: _____