



# 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](mailto: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) for A PREVIOUS TERM** – (include items 1, 2, 3, and 4 from below). Not needed for swapping sections of the same course or adjusting variable credit; utilize the *Late Registration Change Request* form from your instructor if the term has not ended.

\_\_\_\_\_ **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, Audit Form, or Satisfactory/Unsatisfactory Form

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, or email to registrarsoffice@colostate.edu.

## 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 form (a copy of this page needs to be provided for each entity presenting documentation):**

**Instructor** (required) \_\_\_\_\_  
**Student Disability Center** (if applicable) \_\_\_\_\_  
**Case Management** (if applicable) \_\_\_\_\_  
**Woman & Gender Advocacy** (if applicable) \_\_\_\_\_

**Conflict Resolution** (if applicable) \_\_\_\_\_  
**Other CSU Support** (if applicable) \_\_\_\_\_  
**Medical** (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.: \_\_\_\_\_