



INTERMEDIATE WRITING / QUANTITATIVE REASONING (MATH/COMP) APPEAL

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

Appeals of the All-University 60-Credit Intermediate Writing and/or Quantitative Reasoning Requirements will be considered when:

1. There are significant extenuating circumstances (usually beyond the student's control) that prevented the student from fulfilling the requirement.
2. There is an academically appropriate **remedy, substitution, or waiver** that is consistent with existing policy and precedence.

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

Appeal is For (choose one): Reasoning _____ Writing _____ Term: _____ Major: _____
Quantitative

Email Address: _____ @ colostate.edu Registration Access Date: _____

Submission of this appeal assumes the documentation is **complete** and 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.

Student Signature: _____ Date: _____

If approved, the registration HOLD will be lifted for one semester. This does not provide a waiver of the requirement; students must complete the AUCC Intermediate Writing and Quantitative Reasoning requirements for graduation. Please attach the following documentation:

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

1. All appeals **MUST** include a typed letter explaining your reason for the request (including any extenuating circumstances) and your plan for completion of the requirement.

If you are registered for an approved AUCC composition/quantitative reasoning equivalent at another institution, an appeal is NOT required. Please submit proof of registration to registraroffice@colostate.edu. Transferology.com can provide transfer course equivalencies.

Date: _____
Advisor signature _____ supports request _____ does not support request _____ insufficient documentation

Advisor name (printed) Phone Department

Date: _____
Department Head signature _____ supports request _____ does not support request _____ insufficient documentation

Department Head name (printed) Phone Department

Bring completed form (with all signatures) with documentation to the Office of the Registrar, 100 Centennial Hall, or email to ro_registraroffice@mail.colostate.edu.

Decisions will be emailed to the student including the advisor listed above.

DECISION REGARDING APPEAL

Date request reviewed by Office of the Registrar _____

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

Approved _____ for the registration HOLD to be lifted for one semester.

Forward to VP for decision _____

Registrar or Registrar Designee

Date

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

Date request reviewed in Vice Provost Office: _____

Action: Approved _____ for the registration HOLD to be lifted for one semester.

Denied _____

Vice Provost for Undergraduate Affairs

Date

Comments: