



REPEAT/REPAIR APPEAL

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

DUE: 4:30PM Friday of Finals week

Once a student has graduated from CSU, the repeat/repair option may not be applied to any course(s) taken prior to the date of graduation. Appeals filed after the semester's end are unlikely to be granted unless:

1. The student could not be reasonably expected to know that an appeal was necessary until semester grades were posted or
2. Extenuating circumstances beyond student's control prevented the student from meeting relevant registration and appeal deadlines.

Student's Name _____ CSU ID _____
Preferred First Name, Last Name

R/R Course (i.e., MATH 160) _____ Course First Taken _____ Course Repeated _____
Subject Number Semester Year Semester Year

Email Address _____@.colostate.edu Pronouns (Optional) _____

Submission of this appeal assumes **complete documentation** and 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: _____

REASON FOR REPEAT/REPAIR APPEAL:

_____ **Extenuating circumstances** (include 1 and 2 below)

_____ **University error**– Repeat/Repair Request Form was not submitted by the course withdrawal deadline because of university error (include 1 and 3 below)

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

1. **Student letter** explaining reason for the Repeat/Repair Appeal.
2. **Documentation of any extenuating circumstances** beyond student's control that prevented the student from meeting the Repeat/Repair deadline (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.**
3. **Documentation of university error** on department letterhead or email from faculty/staff member who incorrectly advised the student or gave information resulting in error.

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

DECISION REGARDING REPEAT/REPAIR APPEAL

Date request reviewed in Office of the Registrar: _____

If applicable: Decision of the Office of the 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

Date

Comments: