

Registration Appeal

All sections (1-3) must be completed in full, legibly, and accurately.

Please note, for approved appeals the action is determined by the Registration Appeal Committee. Please meet with your academic advisor prior to completing this appeal.

Metropolitan 

State University

Gateway Student Services

700 East Seventh Street

Saint Paul, Minnesota 55106-5000

Phone: 651-793-1300

Section 1: Student Information

Student Name: _____
Last First Middle initial

Permanent Address: _____
Street City State Zip Code

Is this the same address listed in e-Services? If not, please update your address information in e-Services.

Metropolitan State student ID: _____ Phone (with area code): (_____) _____ - _____

Metropolitan State e-mail address: _____@metrostate.edu

Academic Advisor: _____

Section 2: Course Information

Subject	Number	Course Title	Credits	Term / Year
MATH	115	College Algebra	4	Summer / 2011
				/
				/
				/
				/

Section 3: Type of Extenuating Circumstance

- Reason for Appeal:** Medical (provide supporting document) Death (provide death certificate **and** proof of relationship)
 Military (include official call-up notice) University Error (detail in personal statement **and** provide supporting documents)
 Other (detail in personal statement and provide any supporting documents)

Incomplete appeals, appeals without extenuating circumstances, or appeals without documentation including a personal statement will not be considered.

Decision (Office Use Only - Do Not Write Below This Line)

Result: Approved* Denied Denied-incomplete Denied-requested docs not recvd Review date: ____ / ____ / ____

*Approved action: Withdrawal / No Refund Waiver / Tuition & Partial Fee Refund Drop / Full Refund

Comments: _____

Authorized signature: _____ Date: ____ / ____ / ____

Cohort: Begin End **Received date:** ____ / ____ / ____ **Military Benefits:** Yes No

Notification: Received Decision More information Further review VA Certifying Official

Financial Mgmt (if refund is given) Further review: _____(initials) Date: ____ / ____ / ____

ISRS: _____(initials) Date: ____ / ____ / ____ Database

Financial Aid: _____(initials) Date: ____ / ____ / ____ Aid _____ No aid

Registration Appeal

Who needs to use this form?

A student who wishes to request a drop or withdrawal from a course or courses after the drop or withdrawal deadline when an extenuating circumstance (defined below*) has occurred.

How to Submit

Bring this form with supporting documentation to Gateway Student Services, or mail it to the address on reverse.

Important Notes

Incomplete appeals are denied. Retain copies of all documents submitted.

Appeals must include:

- Completed form (both sides)
- Personal statement
- Supporting documentation

The outcome is determined by the Registration Appeal Committee.

Possible Outcomes

1) the appeal is denied and no changes are made, 2) the appeal is approved, "W" appears on the transcript with no refund of tuition and/or fees, 3) the appeal is approved, "W" appears on the transcript, a waiver of tuition and partial fees is granted, 4) the appeal is approved, course(s) are dropped from transcript, associated tuition and fees are reversed.

Allow 30-60 business days for a decision from the date received. All communication, including decisions, will be sent to your Metropolitan State email account. No information regarding a decision will be given by phone.

Guidelines and Expectations

Registration appeals will be considered in accordance with the guidelines and expectations listed below. The Registration Appeal Committee's decision is final. Initial each item after you have read it. If after reading the guidelines and expectations below you believe you qualify for an exception, please sign and date the bottom and complete page 2 of this form. It is recommended that you discuss your appeal with an academic advisor prior to completing this form.

A. *Extenuating Circumstances

Extenuating circumstances are factors beyond my control which significantly impact my ability to successfully complete my course(s).

I understand my appeal requires extenuating circumstances, which must be supported by appropriate documentation:

Medical

Requires full and complete documentation typed on letterhead from the attending physician. A hand-written note on a prescription pad is not acceptable. Documentation must include a) the date of injury or diagnosis, and b) the medical condition and treatment. Appeals due to medical circumstances are generally not considered without adequate documentation, for medical conditions or diagnoses pre-dating the course(s), or for medical conditions not severe enough to require extensive hospitalization or care.

Death

Death of an immediate family member requires a death certificate and obituary. Verification of relationship must be indicated in the obituary, otherwise additional documentation may be required.

Military

Requires the call-up notice to active duty.

University Error

Requires a copy of the university document believed to be in error or a written statement from a university employee acknowledging an error was made. This written statement can be sent by the university employee to records.registration@metrostate.edu.

_____ B. The following do NOT constitute extenuating circumstances: lack of funds, employment issues, change in marital status, childcare issues, transportation issues, lack of knowledge of university policy, failure on my part to meet deadlines, failure to complete financial aid processes, failure to confirm registration transactions, failure to follow prerequisites and placement results, or failure to participate in class.

_____ C. I understand that my appeal must be submitted within 90 days of the end of the term for which course(s) are being appealed. Any delay in submitting may result in a denial.

_____ D. I understand that approval of my appeal is not guaranteed, and the outcome is determined by the Registration Appeal Committee.

_____ E. I understand that an approved appeal may require me to repay all or part of my financial aid. If you are a financial aid recipient, please check with Gateway Student Services on the financial aid implications of an approved appeal.

_____ F. I understand that Metropolitan State University reports enrollment data to the National Student Clearinghouse. An approved appeal will result in new enrollment information being sent. This could affect student loan deferment.

By initialing the statements above, and signing below, I understand and accept full responsibility for meeting the guidelines and expectations above. My appeal is complete, accurate and fully documented. I understand that if this appeal is incomplete, is not based on extenuating circumstances, does not include documentation and a personal statement, it will be denied. The personal statement and documentation I have provided is true and accurate to the best of my knowledge.

Student signature: _____ Date: ____ / ____ / ____
MM DD YYYY