UNIVERSITY OF COLORADO
COLLEGE OF NURSING
APPEAL REQUEST FORM

Date:__________________

Student Name:_____________________________________
Student ID Number:___________________________________
Student email:_______________________________________

Academic Program:
___BSN  _____Traditional  ____UCAN
___RN-BSN
___MS/Post-Master's Certificate  Specialty:_________________
___DNP
___PhD
___Non-degree

Course Name and Number:_______
Faculty of Record:____________________

Additional Involved Parties (e.g. Preceptor, Clinical Scholar, Clinical Instructor):
__________________________________________________________________________________
__________________________________________________________________________________

Summary of specific policies and procedures involved and specific actions upon which the
appeal is based (summary must be kept to one page; supplemental materials relevant to the
appeal may be attached):
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

The student is seeking the following resolution:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Student Signature: _____________________________________________
Date:___________________

Procedure for Course Failure and/or Academic Progression:
Procedures for Course Failure and/or Academic Progression are located in the Student Handbook.
The Appeal Request Form must be submitted through an official CU email account to the Assistant
Dean of Student Affairs and Diversity within 5 working days of the event affecting progression.

Be the nurse that everyone looks to first.