
**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.