



DODGE FAMILY
COLLEGE OF ARTS AND SCIENCES
The UNIVERSITY of OKLAHOMA

The Dodge Family College of Arts and Sciences' Student Success and Advising Center

The University of Oklahoma
Physical Sciences Center, room 240
601 Elm Avenue
Norman, OK 73019-3118
 Telephone: 325-4411, email:

ACADEMIC APPEAL

In accordance with the Academic Appeals policy of the University of Oklahoma, a student may appeal a grade based on 1) prejudiced or capricious evaluation and/or 2) the instructor's alleged inability to speak the English language to the extent necessary to adequately instruct students. In cases of evaluation made known to the student during the semester, the deadline for notifying the instructor is within 15 regular class days. For end-of-term evaluation appeals, a student must contact the instructor by **September 15** for grades received for the spring semester or summer term and **February 15** for grades received in the fall semester.

To submit an appeal, complete this form and attach a letter of explanation and supporting documentation. **Please include all documentation you wish to have included in the appeal. No additional materials will be accepted.** Return it to the College of Arts and Sciences' Student Success and Advising Center (Physical Sciences Center, Room 240) or email rkyncl@ou.edu. All materials submitted will become the property of the University of Oklahoma. **Please print clearly.**

PETITIONER

Full Name: _____ **Sooner ID #:** _____
Address: _____ **Major:** _____
City/State/ZIP: _____ **Classification:** _____
Phone #: _____ **Expected Date of Graduation:** _____
Email: _____ **Your OU e-mail will be the official point of contact for this appeal.**

INSTRUCTOR

Name: _____ **Department:** _____
Telephone: _____ **Address:** _____
Email: _____

COURSE INFORMATION

Course #: _____ **Semester/Term:** _____
Original Grade: _____ **Requested Grade:** _____

Date of Contact with Course Instructor: _____ **Outcome:**
 (or with the Instructor of Record if the instructor is a graduate student)

Date of Contact with Department Chair: _____ **Outcome:**

Student's Signature: _____ **Date:** _____