

Ellison Hall, Room 124 633 Elm Avenue Norman, OK 73019-3118 Phone: 405-325-4411

ACADEMIC APPEAL

Please print clearly					
Full Name:		Soc	oner ID #:		
Address:		Major:			
City/State/Zip:			Phone:		
Email:	Expected Date of Graduation:				
capricious evaluation as students. In cases of ev- class days. For end-of-t	nd/or 2) the instructor's allege aluation made known to the st	ed inability to speak the E tudent during the semeste dent must contact the inst	er, the deadline for notifying the tructor by September 15 for g	necessary to adequately instructed instructor is within 15 regular	
documentation you with documentation to the D	sh to have included in the a	ppeal. No additional ma and Sciences, Ellison Ha		documentation. Please include urn this form and all supporting ncl@ou.edu. All materials	
	INSTRU	UCTOR AND COURSE	INFORMATION		
Name:		D	epartment:		
Phone:			Email:		
Course:	Section:	<u>(</u> circle	e one): spring, summer, fall	Year:	
Original Grade: _		Reque	sted Grade:		
Date of Contact with Outcome:		instructor of record if the instru	ctor is a Graduate Student):		
Date of Contact with	Department chair:	_Outcome:			
FOR OFFICE USE ONLY (Do not v	vrite in this section)				
Action by the College: Signature: Comments:	Approved	Denied	Date:		