

**SOUTHEASTERN OKLAHOMA STATE UNIVERSITY  
APPLICATION FOR ACADEMIC APPEAL**

**Instructions:** Complete the student information section of this form. Write a letter addressed to the Academic Appeals Committee stating your appeal, what you are seeking to change, your justification for the change, and the grade you expect or desire (if applicable). **This letter will be shared with the instructors involved in the grade appeal as well.** Attach the letter to this form along with an **unofficial copy of your transcript**, and mail or return to the **Office for Academic Affairs, SOSU, 1405 North 4<sup>th</sup>, PMB 4137, Durant, OK 74701-0609**. In addition to supplying the above information, you may appeal before the Committee to personally state your case. You will be notified by letter when a meeting has been scheduled. **PLEASE NOTE THAT IF YOU ARE A GRADUATE STUDENT, YOU WILL NEED TO CONTACT THE GRADUATE OFFICE AND FILL OUT A GRADUATE APPLICATION FOR APPEAL. THIS APPLICATION IS FOR UNDERGRADUATE STUDENTS ONLY.**

**STUDENT NAME:** \_\_\_\_\_

**STUDENT ID NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_  
\_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**ADVISOR:** \_\_\_\_\_

**SEMESTER LAST ENROLLED AT SOSU:** \_\_\_\_\_

**TYPE OF APPEAL:** (Check One)

\_\_\_\_\_ **Request for Immediate Reinstatement to SOSU**

\_\_\_\_\_ **Request for Admission to Southeastern**

\_\_\_\_\_ **Grade Change Request from Student** (*Please fill in all information requested*)

Course Name(s) & Number(s): \_\_\_\_\_

Instructor(s): \_\_\_\_\_

Grade Change Requested (Ex: "F" to "W"): \_\_\_\_\_

Semester of Requested Grade Change: \_\_\_\_\_

\_\_\_\_\_ **Grade Change Request from Instructor** (*Please fill in all information requested*)

Course Name(s) & Number(s): \_\_\_\_\_

Instructor(s): \_\_\_\_\_

Grade Change Requested (Ex: "F" to "W"): \_\_\_\_\_

Semester of Requested Grade Change: \_\_\_\_\_

*I, (initial here \_\_\_\_\_) wish to receive the results of my academic appeal via email and authorize the Office of Academic Affairs to communicate the results to me at the following email address: \_\_\_\_\_.*

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

**COMMITTEE USE ONLY:**

**Reinstatement:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Not Approved**

**Admission to SOSU:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Not Approved**

**Grade Change(s):** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Not Approved**

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
**Administrative Liaison, Academic Appeals Committee**

\_\_\_\_\_  
**Date**

## **APPEAL OF AN ASSIGNED GRADE**

The Academic Appeals Committee acts upon appeals received in writing from faculty or students who seek to have grades or records altered. Students will have one calendar year from receipt of a grade to file an appeal. Faculty are required to retain student grades/exams and papers for one calendar year. Exceptions for appeal beyond one year will be considered in extenuating circumstances in which student's exam grades/papers would not be necessary in order to consider the appeal. The decision of the Academic Appeals Committee will be final. The procedure for submitting a grade appeal is as follows:

1. Request an Application for Academic Appeal from the Office of Academic Affairs, Administration Building, Room 307, (580) 745-2208.
2. Submit the application form along with a letter stating the reasons for the appeal to the Office of Academic Affairs.
3. After the application is received, the Office of Academic Affairs will inform the student in writing of the meeting date. The Committee usually meets at the beginning of each semester.
4. The student is encouraged to appear before the committee.
5. The final decision of the Academic Appeals Committee is submitted to the student by mail.