STUDENT'S CHECKLIST FOR GRADE APPEALS CASES

____________________ Review grade appeals documentation.

____________________ Prepare concise statement explaining your reason for appeal.

____________________ Meet with and discuss grade appeal case with **Advisor** and secure signature on Form A. Leave Form C with Advisor. Your advisor should be able to assist you in finding the department head and dean or dean’s representative.

____________________ Meet with and discuss grade appeal case with **Instructor** and secure signature on Form A. Leave Form E with Instructor.

____________________ Meet with and discuss grade appeal case with **Department Head** and secure signature on Form A. Leave Form B with Department Head.

____________________ Meet with and discuss grade appeal case with **Dean or Dean’s Representative** and secure signature on Form A. Leave Form D with Dean or Dean’s Representative.

____________________ Return grade appeal Form A, your statement, and any evidence to Grade Appeal Coordinator, 101 Whitehurst Hall. The Grade Appeal Coordinator is responsible for making sure Forms B, C, D, and E are submitted.
FORM A
GRADE APPEALS BOARD
GRADE APPEAL FORM

THIS FORM MUST BE SIGNED ON OR BEFORE THE DEADLINE DATE OF:
__________________________________________

Name ___________________________ Date __________________
Classification __________________________ College __________________
Address __________________________ Phone __________________
Advisor __________________________ Student ID # ________________
Okstate E-mail address: ____________________________________________

Course Title __________________________ Course Prefix & Number ________________
Instructor __________________________ Semester/Year __________________
Inst Campus Address __________________ Inst Phone # __________________
Grade Received __________________ Grade Expected __________________

After discussing grade appeal with faculty named below, secure signatures and record the dates on which you discussed your appeal application with those persons.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor*</td>
<td></td>
</tr>
<tr>
<td>Student's Advisor</td>
<td></td>
</tr>
<tr>
<td>Instructor's Dept. Head</td>
<td></td>
</tr>
<tr>
<td>Dean’s Representative</td>
<td></td>
</tr>
</tbody>
</table>

*When the instructor is a graduate assistant, list the dates of discussions with the instructor as well as with the professor in charge of the course.

This form and a concise statement explaining your reason for appeal should be completed and submitted to the Grade Appeals Coordinator, Academic Affairs, 101 Whitehurst.

__________________________________________ Date __________________
Student Signature
FORM B

GRADE APPEAL
Request of Verification Form

___________________________ is processing an appeal of a grade that he/she received in

Student name

_____________________________ during _______________. The instructor is _____________________.

Course Prefix Number                   Semester/year

While no student is to be denied a hearing before the Grade Appeals Board (GAB), problems involving grade appeals should be resolved at the departmental level if at all possible. The purview of the GAB is quite narrow and strictly defined. The GAB hears cases based on grading errors, policy changes, unfair application of standards, and misapplication of the syllabus (See Policy & Procedure Letter 2-0821). Appeals based on concerns related to style or quality of instruction should be resolved at the department and/or college levels.

Have you discussed this matter with the faculty member? _____Yes (Date __________) _____No
If "No," why?_____________________________________________________________

Have you discussed this matter with the student? _____Yes (Date __________) _____No
If "No," why?_____________________________________________________________

Do you support this petition for a grade appeal? _____Yes _____No
If yes, on what basis does this petition meet the requirements for an appeal to be reviewed by the board?
☐ grading error(s)        ☐ policy changes        ☐ unfair application of standards
☐ misapplication of syllabus      ☐ other ________________________________

Please describe your attempts to resolve this matter (include approximate dates, when known):
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

___________________________________________
Dept. Head

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE!

Return to: Grade Appeals Coordinator
Office of Academic Affairs
101 Whitehurst Hall
FORM C

GRADE APPEAL
Request of Verification Form

___________________________ is processing an appeal of a grade that he/she received in

Student name

during __________________. The instructor is _____________________.

Course Prefix Number  Semester/year

While no student is to be denied a hearing before the Grade Appeals Board (GAB), problems involving grade appeals should be resolved at the departmental level if at all possible. The purview of the GAB is quite narrow and strictly defined. The GAB hears cases based on grading errors, policy changes, unfair application of standards, and misapplication of the syllabus (See Policy & Procedure Letter 2-0821). Appeals based on concerns related to style or quality of instruction should be resolved at the department and/or college levels.

Have you discussed this action with the student? _____Yes (Date ________) _____No

If "No," why? ____________________________________________________________

Comments: ________________________________________________________________________
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___________________________________________ Advisor

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE!

Return to:  Grade Appeals Coordinator
Office of Academic Affairs
101 Whitehurst Hall
FORM D

GRADE APPEAL
Request of Verification Form

___________________________ is processing an appeal of a grade that he/she received in

Student name ______________________ during _______________. The instructor is _____________________.

Course Prefix Number Semester/year

While no student is to be denied a hearing before the Grade Appeals Board (GAB), problems involving grade appeals should be resolved at the departmental level if at all possible. The purview of the GAB is quite narrow and strictly defined. The GAB hears cases based on grading errors, policy changes, unfair application of standards, and misapplication of the syllabus (See Policy & Procedure Letter 2-0821). Appeals based on concerns related to style or quality of instruction should be resolved at the department and/or college levels.

Have you discussed this action with the student? _____Yes (Date __________) _____No
If "No," why? ________________________________________________________________

Have you discussed this action with the department head? _____Yes (Date __________) _____No
If "No," why? ________________________________________________________________

Have you discussed this action with the instructor? _____Yes (Date __________) _____No
If "No," why? ________________________________________________________________

Do you support this petition for a grade appeal? _____Yes _____No

If yes, on what basis does this petition meet the requirements for an appeal to be reviewed by the board?
☐ grading error(s) ☐ policy changes ☐ unfair application of standards
☐ misapplication of syllabus ☐ other ________________________

If this appeal is related to an honors contract course, is the student appealing ☐ grade or ☐ merit of project? (The Grade Appeals Board does not have the academic competency in the various fields that are involved to evaluate field specific instruction. Therefore, the Grade Appeals Board will only hear cases involving grade appeals and not the merit of an honors project.)

Please describe your attempts to resolve this matter (include approximate dates, when known). Use additional sheets as necessary:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

___________________________________________
Dean/ Dean’s Representative

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE!

Return to: Grade Appeals Coordinator
Office of Academic Affairs
101 Whitehurst Hall
FORM E

GRADE APPEAL
Request of Verification Form

___________________________ is processing an appeal of a grade that he/she received in

Student name __________________________________________________________________________
during _______________. The instructor is ____________________.

Course Prefix Number Semester/year

While no student is to be denied a hearing before the Grade Appeals Board (GAB), problems involving grade
appeals should be resolved at the departmental level if at all possible. The purview of the GAB is quite narrow
and strictly defined. The GAB hears cases based on grading errors, policy changes, unfair application of
standards, and misapplication of the syllabus (See Policy & Procedure Letter 2-0821). Appeals based on
concerns related to style or quality of instruction should be resolved at the department and/or college levels.

Have you discussed this action with the student? _____Yes (Date __________) _____No

If "No," why? __________________________________________________________________________

Have you discussed this action with the department head? _____Yes (Date __________) _____No

If "No," why? __________________________________________________________________________

Have you discussed this action with the dean? _____Yes (Date __________) _____No

If "No," why? __________________________________________________________________________

Please describe your attempts to resolve this matter (include approximate dates, when known). Use additional sheets as necessary:

_____________________________________________________________________________________
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_____________________________________________________________________________________

Instructor

PLEASE RETURN THIS FORM WITHIN FIVE WORKING DAYS AFTER SIGNING THE STUDENT FORM A!

Return to: Grade Appeals Coordinator
Office of Academic Affairs
101 Whitehurst Hall

P&P Letter 2-0821:2.01:D. "Instructor's verification form. The Instructor's verification form needs to be returned five working days after
signing the students Form "A." If a student has conferred with the instructor in question and has delivered the appropriate form to the instructor, but
the completed instructor's form is not returned in a reasonable amount of time, the Grade Appeals Board may hear the case without the instructor's
form. In such a case, the Grade Appeals Board should hear the case without prejudice, and the rights of the instructor to present evidence and
testimony before the Board should not be restricted. A statement of this policy and the address to which the forms are to be returned are included on
the instructor's grade appeal form."