



Request to Appeal Charges or Grades due to Enrollment

Complete the following information and submit to the Registrar's Office

OSUIT Registrar
1801 E 4th Street
Okmulgee, OK 74447
Office (918) 293-4682
Fax (918) 293-4614
www.osuitregistrar@okstate.edu

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Contact Phone: () _____ Student ID Number (CWID): _____

Email Address: _____

Appeal Information

Term/Semester you are requesting an appeal: _____ (Example: Fall 2021, Spring 2022, etc.)

List the course(s) for which you are requesting this appeal: _____

Requesting grades be changed to "W" Requesting removal of grades, No refund Requesting full refund and removal of grades

Other (Be Specific): _____

General Policies

- Non-Attendance is generally not sufficient reason to grant an appeal.
 - Any submission of work (on-line or in-person), participation in an on-line discussion thread, listening on-line or sitting for any part of an on-campus class, etc., is considered attendance.
- The deadline to appeal grades and/or refunds is four (4) months after the last date of the semester of which the course was enrolled/taken.
- Medical reason(s) for an appeal must be accompanied by a doctor's notice or other medical documentation.
- Appeal must be completed/submitted by the student of the course(s).

Use the back of this form or separate paper to explain the following:

1. Your reason for the appeal or what happened to prompt your appeal (*Be Specific*).
2. What you would like to have happen as a result of your appeal.
3. Why you believe your appeal should be granted (*Be Specific*).
4. Documentation (emails, letters, correspondence, etc.) helps the committee to better understand your situation and better supports your reason for appeal. Please submit any additional documentation you believe relevant to your appeal.

NOTE: It is highly recommended that you keep a copy of submitted documents for your records.

By signing this document, I am certifying that everything I have stated is true. In addition, the documentation included is accurate to the best of my knowledge. Should the committee find anything provided in support of my appeal to be inaccurate, I understand that my appeal will be denied.

Signature of Student

Date

FOR COMMITTEE USE/RESPONSE ONLY

Comments : _____
