Academic Appeal Request Form

Policy

The College of Business (COB) recognizes the importance of providing an opportunity for students to appeal academic decisions, including grades and assessments. In compliance with OSU Policy No. 576-22-005, the COB has established the following policy and procedure in the event that a student wishes to appeal an academic decision.

1. The initial appeal must be made using this form within **15 calendar days** of the decision or action being appealed. Subsequent appeals must be made within **7 calendar days** of the date of the decision at the previous level.
2. The request for the appeal must include specific justification, including errors, failure to consider all of the evidence presented, or any other information, including any new evidence not known at the time of the original academic decision which may change the outcome.
3. Student appeals are referred to:
    a. The course instructor;
    b. The course instructor's supervisor (school head or unit director);
    c. The COB Student Appeals Committee;
    d. The COB Dean or their designee;
    e. The Provost and Executive Vice President or designee.

Instructions

Complete the first portion of this form, scan or save this form and email, along with relevant documentation, to the Associate Dean of Academic Programs (beckerbj@oregonstate.edu), who will oversee the process. Forms may also be delivered to the Undergraduate or Graduate Student Advising Office.

This original form, with attachments, shall be provided to the involved parties in the order listed above for each appeal made by the student. If an appeal is denied, the student will have the option to continue the appeal and attach any additional relevant information. Final copy will be scanned to the student's academic record in OnBase.

COLLEGE OF BUSINESS

ACADEMIC APPEAL REQUEST FORM

Student Name: _____ Student ID Number: _____

Name of Instructor: _____ Course: _____

Grade Awarded: _____ Grade Desired: _____ Date the grade was awarded: _____

Student Signature: _____ Date of this appeal: _____

Reason for Appeal: *On a separate typed page, please explain the situation, any relevant circumstances, and the specific justification for the appeal. This original form, with attachments, shall be provided to the involved parties in the order listed for each appeal made by the student.*

INSTRUCTOR Name: _____ Date of decision: _____

Basis for this decision (attach additional sheets as necessary): Appeal Approved _____ or Denied _____

_____

_____

_____

_____

INSTRUCTOR'S SUPERVISOR Name: _____ Date of decision: _____

Basis for this decision (attach additional sheets as necessary): Appeal Approved _____ or Denied _____

_____

_____

_____

STUDENT APPEALS COMMITTEE Date of decision: _____

Basis for this decision (attach additional sheets as necessary): Appeal Approved _____ or Denied _____

_____

_____

_____

DEAN (OR DESIGNEE) Date of decision: _____

Basis for this decision (attach additional sheets as necessary): Appeal Approved _____ or Denied _____

_____

_____

_____