

# 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 COB Director of Teaching and Learning;
  - c. The course instructor's supervisor (school head or unit director);
  - d. The COB Student Appeals Committee;
  - e. The COB Dean or their designee;
  - f. The Provost and Executive Vice President or designee.

## Instructions

Print this form, fill out the box below, and scan and email this form, along with relevant documentation, to the COB Director for Teaching and Learning. 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. Final copy will be scanned to the student's academic record in OnBase.



**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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIRECTOR of TL** 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 \_\_\_\_\_

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