



APPLICATION FOR ACADEMIC APPEAL

INSTRUCTIONS: Complete the student information section of this form. Write a concise, complete statement concerning your appeal, what you are seeking to change, your justification for the change, and the grade you expect or desire. Attach the statement to this form along with copies of your evidence and a copy of your transcript. Mail or return to the Office of the Provost, SWOSU, 100 Campus Drive, Weatherford, OK 73096. In addition to supply the above information, you may appear before the committee to personally state your case. You will be notified by letter when a meeting has been scheduled.

STUDENT NAME _____

STUDENT ID NUMBER _____

CURRENT ADDRESS _____
(Street, Apt #)

(City, State, Zip)

TELEPHONE NUMBER _____

ADVISOR _____

ARE YOU CURRENTLY ENROLLED AT SWOSU? Yes No

SEMESTER LAST ENROLLED AT SWOSU _____

CHANGE REQUESTED BY STUDENT

Course Name and Number _____

Instructor _____ Semester _____

Change Requested _____

The committee will review any student educational records deemed necessary to the appeal.

This student has exhausted the departmental and school appeals process:

Instructor _____ Date _____

Chair _____ Date _____

Dean _____ Date _____

COMMITTEE USE ONLY

Recommendations: _____

Academic Appeals Committee Chair

Date

Original: Provost

Copy 1: Appeals Committee Chairman

Copy 2: Student

Copy 3: Instructor