

# SOUTHERN OREGON UNIVERSITY

## ACADEMIC APPEAL

Southern Oregon University has established the Academic Appeals Committee to review requests for special consideration in the area of registration deadlines, tuition credits, and other special requests. **The decisions of the Academic Appeals Committee are final; no additional appeal review levels are provided.** In order for the committee to consider an exception to an established policy, a student's circumstances must be extraordinary and compelling, e.g., a family emergency. If this is determined, you may be eligible for a tuition credit subject to a non-negotiable \$100 administration fee. *The appeals committee will not consider appeals based on personal reasons or work schedule conflicts.*

**Appeals must be filed before the end of the following term, e.g. if appealing Fall term you must submit the completed appeals form by the end of Winter term. Appeals submitted beyond the allotted time frame will not be considered.**

Please make sure you fill out the entire petition. Each section must be completed and signed. Incomplete petitions will be DENIED. Your appeal will only be considered if you have serious and compelling reasons and documentation supporting your request.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address (mandatory) \_\_\_\_\_

Are you receiving Financial Aid? (MANDATORY ANSWER) \_\_\_\_\_ Yes \_\_\_\_\_ No

Petition applies to the following term: **Term:** (circle one) Fall | Winter | Spring | Summer **Year:** \_\_\_\_\_

### The following items *may* be eligible for consideration of an appeal:

Please check all that apply:

Tuition/Fee Credit

\$100 Late Registration Fee Waiver

Add or Drop

Withdraw (after drop deadline)

### To complete and return:

#### 1. Student Statement:

- A student explanation, signature, and date are *required* for the committee to review the petition. Please attach your statement to the appeals packet. Statement must be legible (typed format is preferred). Statement must include last dates of attendance, if applicable.
- Supporting documentation, if applicable: i.e medical documentation, documentation of disability, police or traffic reports, etc.

#### 2. Registration Form:

- Student must complete the Special Registration Form and obtain signatures from instructors and dean.

#### 3. Instructor Statement:

- The instructor's statement must be written on the page provided in this packet, and returned directly to the Enrollment Services Center.
- Depending on the request, the instructor must document whether the student did or did not attend class, and any other pertinent information.

#### 4. Notification of Action:

- Appeals are reviewed throughout the term and results are emailed. Please be sure the email address you provide is a valid one that you check regularly.

Submit appeal to one of the following:

- **Address:** SOU Enrollment Services Center, 1250 Siskiyou Blvd, Ashland OR. 97520
- **In Person:** Enrollment Services Center located in Britt Hall. **By FAX:** 541-552-6614

**SOUTHERN OREGON UNIVERSITY**

**ACADEMIC APPEAL**

**REGISTRATION INFORMATION**

**(This form must be completed by the student and approved by Instructor and Dean)**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Term/Year: Fall | Winter | Spring | Summer \_\_\_\_\_ Day Phone: \_\_\_\_\_

**I. ADD**

| CRN   | Subject | Course # | TITLE | Credit Hrs | Grade Option |
|-------|---------|----------|-------|------------|--------------|
| _____ | _____   | _____    | _____ | _____      | _____        |
| _____ | _____   | _____    | _____ | _____      | _____        |
| _____ | _____   | _____    | _____ | _____      | _____        |

**II. DROP / TUITION/FEE CREDIT**

| CRN   | Subject | Course # | TITLE | Credit Hrs |
|-------|---------|----------|-------|------------|
| _____ | _____   | _____    | _____ | _____      |
| _____ | _____   | _____    | _____ | _____      |
| _____ | _____   | _____    | _____ | _____      |

**III. GRADE MODE CHANGE (A-F, P/NP, AU) or VARIABLE CREDITS CHANGE**

| CRN   | Subject | Course # | TITLE | Credit Hrs | Grade Option |
|-------|---------|----------|-------|------------|--------------|
| _____ | _____   | _____    | _____ | _____      | _____        |
| _____ | _____   | _____    | _____ | _____      | _____        |

Faculty Signatures Required

Instructor(s): \_\_\_\_\_ CRN: \_\_\_\_\_

\_\_\_\_\_ CRN: \_\_\_\_\_

Dean/Chair: \_\_\_\_\_

# SOUTHERN OREGON UNIVERSITY ACADEMIC APPEAL

## INSTRUCTOR STATEMENT

**Applicant:** The instructor's statement, signature and date are *required* as part of this petition. Please have your instructor verify your explanation of events leading to your petition. The instructor must return this form directly to the Enrollment Services Center.

**Instructor:** This student is submitting an academic appeal, and seeks documentation from you indicating dates of attendance or other pertinent information. Further, we seek your evaluation and/or support of the student's statement.

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Name of Student

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Student ID

**Important:** Return this statement *directly* to the Enrollment Services Center or send an email with the same information to ESC@sou.edu. Please do not return to student.

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Instructor Signature

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Instructor's Name (please print)

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Student's Last Date of Attendance

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Date Signed

SOUTHERN OREGON UNIVERSITY – ACADEMIC APPEAL

**OFFICE USE ONLY**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

Are you receiving Financial Aid? (MANDATORY ANSWER) \_\_\_\_\_ Yes \_\_\_\_\_ No

Petition applies to the following term: **Term:** (circle one) Fall | Winter | Spring | Summer **Year:** \_\_\_\_\_

\_\_\_\_\_ Your appeal to the Academic Appeals Committee **has been granted.**

\_\_\_\_\_ The course(s) have been added to your academic record.

You must pay tuition or late fees as appropriate on MySOU, at the counter in the Enrollment Services Center in Britt Hall or by calling the ESC at 541-552-6600.

\_\_\_\_\_ The late fee has been waived.

\_\_\_\_\_ Your grade option change has been approved and processed.

\_\_\_\_\_ The course(s) have been dropped and will not appear on your academic record.

\_\_\_\_\_ The course(s) have been recorded as a "W" withdrawal on your record; a "WP or WF" will appear on your record.

\_\_\_\_\_ Credit of \_\_\_\_\_% has been approved for CRN \_\_\_\_\_.

Please allow 2-4 weeks processing time. If 100% credit for ALL of the term's classes was granted, there will not be any notation on the SOU transcript. If 85%, 50% or 0% is granted for ALL classes, the following notation will be recorded on the SOU transcript: "Completely Withdrawn".

\_\_\_\_\_ Your petition to the Academic Appeals Committee **has been denied** for the following reason(s):

\_\_\_\_\_ Instructor documentation is required.

\_\_\_\_\_ The committee feels your case is not sufficient to warrant an exception.

\_\_\_\_\_ The grade option you indicated was not available for your course.

\_\_\_\_\_ Your petition contained insufficient documentation relating to why you could not meet the normal deadline and why the deadline should be extended.

\_\_\_\_\_ The committee only consider petitions submitted in a timely manner. Your request is beyond the committee's guidelines.

\_\_\_\_\_ You will need to talk with your instructor for any change to your grade.

\_\_\_\_\_ Additional comments:

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

Academic Appeals Committee Chair \_\_\_\_\_ Date: \_\_\_\_\_