Non-Cognitive (“N”) Grade Report Form

Please use this form to report all Needs Improvement or Non-Cognitive grades.

Student’s Name: ____________________________ Year in Medical School: _____ Date: _______________________

Course/Rotation Name (if applicable): ________________________________________________________________

Submitter’s Name: ____________________________ Telephone: ______________ Email: ______________________

Which of the following criteria were used in the assignment of the “N” grade (please check all that apply):
___ Reliability and Responsibility
___ Maturity
___ Judgment
___ Respectful Behavior
___ Honesty and Integrity
___ Emotional Stability

Please provide a description of the conduct that resulted in the assignment of the “N” grade, and, if available, attach and/or provide supporting documentation (e.g., witness statements and/or names, patient statements, hospital or risk management report, etc.). Add additional pages if necessary.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

What action would you suggest be taken by the Office of Academic Affairs (e.g., no action, a meeting between the student and the Academic Standards Committee, repeat the course/rotation, dismissal; etc.)?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please obtain student signature to indicate that the “N” grade was discussed with the student or provide the date and means by which student was notified about the “N” grade.

Student Signature: ____________________________ Date: _______________________

Student was informed on ______________________ (date) by ______________________ (telephone, email, etc.).

Submitter’s Signature: _________________________ Date: _______________________

Please complete (type or print clearly) and return this form to:

OMS-1 or OMS-2 Students: ____________________________ OMS-3 or OMS-4 Students: ____________________________

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Please direct any questions regarding the non-cognitive grading policy or this form to Jeff Hackler, Associate Dean for Enrollment Management.