



Non-Cognitive (“N”) Grade Referral Form

Please use this form to report all Needs Improvement or Non-Cognitive grade referrals

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):

- | | |
|---|--|
| <input type="checkbox"/> Reliability and Responsibility | <input type="checkbox"/> Respectful Behavior |
| <input type="checkbox"/> Maturity | <input type="checkbox"/> Honesty and Integrity |
| <input type="checkbox"/> Judgment | <input type="checkbox"/> 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 Academic Standards Committee (e.g., no action, assign an “N” grade, place the student on probation, 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:

Jeff Hackler, J.D., M.B.A.
Associate Dean for Enrollment Management
1111 W. 17th Street
Tulsa, OK 74107-1898
Telephone: 918-584-4611
jeff.hackler@okstate.edu

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