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):

___ Reliability and Responsibility  ___ Respectful Behavior
___ Maturity  ___ Honesty and Integrity
___ Judgment  ___ 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.