

GRADE APPEAL FORM

| COURSE: | |
|--|----------------------------------|
| TERM: | |
| GRADE RECEIVED: | |
| PROFESSOR: | |
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| Please use the following lines to explain in detail the circ | cumstances of your grade appeal. |
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| NAME: | DATE: |

Return this form to Martha Ann Stevenson in the Provost's Office, Munger Hall 210, or email to mstevens@bsc.edu.