GRADE APPEAL FORM *

NAME OF STUDENT COMPLA	NANT:
CLASSIFICATION:	M#:
COURSE DESIGNATOR, SECT	ON & TITLE:
	PRIATE):
	E TAKEN:
	SIGNED BY INSTRUCTOR:
DATE OF 2 ND CONSULTATION	, SIGNED BY CHAIR:
DATE OF 3 RD CONSULTATION	, SIGNED BY DEAN:
NATURE OF GRIEVANCE:	
Signature of Student:	
Phone Number:	
	Not Write Below this Line
Action Taken:	
Date:	

Mail to:

Registrar's Office Murray State University 113 Sparks Hall Murray, KY 42071-3312

USA