UALR William H Bowen Grade Appeals Form	
Student Name	
Street Address	
City and State	
Zip code	
Home Phone	
Work Phone	
Mobile Phone	
Email address	
Course Name	
Professor Name	
Semester enrolled	
Date appeal filed	
Grade received	
Reason for Appeal: (Attach separate sheet if necessary)	
ADMINISTRATIVE USE ONLY – DO NOT WRITE BELOW THIS LINE	
Date received by AD	
AD decision	
Date of AD decision	
Dean's Decision	
Date of Dean decision	

Additional Information: