

Bismarck State College  
Grade Forgiveness Form

**Student Information**

**Personal Information**

Full Name:

\_\_\_\_\_  
*Last(former)* *First* *M.I.*

Address:

\_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone:

( ) \_\_\_\_\_

Alternate Phone:

( ) \_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Birth Date:

\_\_\_\_\_

Student ID:

\_\_\_\_\_

**Grade Forgiveness Information**

Dates of Attendance:

\_\_\_\_\_

Semester(s) requesting  
grade forgiveness:

\_\_\_\_\_

Comments:

(not required)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please print and mail to:

**Attn: Office of Student Records**

**Bismarck State College**

**PO Box 5587**

**Bismarck, ND 58506-5587**