

Grade Change Request Form

Date: _____

Student Name: _____ ID#: _____

Grade (Circle): 7 8 9 10 11 12 Change is for School Year: _____

Course #: _____ Course Name: _____

Quarter (Circle): 1st 2nd 3rd 4th

Please change: **Old Grade:** _____ **New Grade:** _____

Reason for Change

- Resolution of Incomplete Grade (missing coursework completed)
- Entry/Clerical Error: Specify - _____
- Missing Grade/Calculation Error: Specify - _____
- Grade Appeal Approval: Specify - _____
- Other: Specify - _____

Teacher only: Agree with Change: Yes No

Comments:

Student Signature: _____

Teacher Name: _____

Teacher Signature: _____

Administrator's Signature: _____

Committee's Signatures (if applicable): _____

Attach evidence supporting grade change to this form (the missing assignment, completed work, etc). No grades will be changed without the evidence.