

Grade / Credit Change Form

STUDENT'S NAME:

Last _____ First _____ MI _____

Student ID# _____ Graduation Year _____

Grade Period Ending: _____
(month/year)

Course Title: _____ Course#: _____ Section: _____

Teacher's Name: _____
(Please **PRINT**) and **INITIAL**

GRADE/CREDIT CHANGE, ADDITION OR DELETION:

- Change GRADE from _____ to _____
- Change CREDIT from _____ to _____
- Change COURSE from _____ to _____

ADD: _____ and _____
(grade) (credit)

DELETE: _____ and _____
(grade) (credit)

REASON FOR CHANGE:

- Teacher Correction (explain): _____
- Student with "IP" grade completed work (within 5 school weeks after end of grading period.)
- OTHER (explain): _____

Teacher's Signature: _____ Date: _____

Administrator

Signature: _____ Date: _____

*****PLEASE RETURN THIS FORM TO SCHOOL REGISTRAR*****

Entered by Registrar (signature): _____ Date: _____

This form will be kept in the student's cumulative file as a permanent record. An updated transcript should be forwarded to the school counselor and student.