Student Name [ ] Grad Year [ ]

School [ ]

Course to be changed Course code [ ]

School year course was taken Period Semester

Original grade given Request to have grade changed to

Rationale for grade change:

[ ]

To be completed by appropriate teacher, counselor, or administrator only.

Requestor's Signature _____ Date [ ]

Requestor's Name [ ]

For office use only			
	Principal's initials _____	Date	[ ]
☐ Request completed/grade changed	By [ ]	Date	[ ]