



Grade Change Form

This form must be completed by the teacher of record for each course.
Return the completed form to Mrs. Hubbard's mailbox.

Student Information

| | | | |
|----------------------|--|------------------------|--|
| Student's Last Name: | | Student's First Name: | |
| Student's ID Number | | Student's Grade Level: | |

Course and Grade Information

| | | | | | | | | |
|--------------------|-------------|---|----------------|---|-----------|---|----|----|
| Teacher of Record: | | | | | | | | |
| Course Name: | | | | | | | | |
| School Year: | 2018 – 2019 | | 2017 – 2018 | | Semester: | | S1 | S2 |
| Original Grade: | I | F | Revised Grade: | A | B | C | D | F |

Reason for Grade Change: _____

I hereby certify that all information provided by me on this grade change form is truthful, accurate, and complete.

| | |
|--------------------------------|---------------|
| _____ Teacher's Signature | _____ Date |
| _____ Counselor's Signature | _____ Date |