

Grade Change/Correction Form

Date Received _____

Student Name (<i>Last, First, MI</i>):		Student ID:	Current Grade Level:
Course Name:	Course Number:	Section #:	School Year:
Teacher Name:		Teacher Number:	

Select the Quarter/Exam for Grade Change

<input type="checkbox"/> Quarter 1	<input type="checkbox"/> Quarter 3	Original Grade:	New Grade:
<input type="checkbox"/> Quarter 2	<input type="checkbox"/> Quarter 4		
<input type="checkbox"/> Semester 1 Exam	<input type="checkbox"/> Semester 2 Exam		

New Final Grade Calculation

1 st Semester				2 nd Semester			
Quarter 1 Grade	Quarter 2 Grade	Semester 1 Exam	1 st Semester Final Grade	Quarter 3 Grade	Quarter 4 Grade	Semester 2 Exam/EOC	2 nd Semester / EOC Year-Long Final Grade

Check the Appropriate Reason Code Below: (Only Check ONE)

Check	Reason Code	APPROVED REASONS FOR GRADE CHANGE
	L*	Technical/Input Error
	M*	Incomplete Grade Changed to Letter Grade
	N*	Extenuating Circumstances:
	P	Grade Averaging (Must Meet Policy 6000.1 Guidelines) <ul style="list-style-type: none"> • Exam Grade in Failed Semester: _____ (must be a grade of C or higher) • Number of Absences in Failed Semester: _____ (must be less than 5)

*If Reason Code L, M, or N is selected, you must provide an explanation here:

Check	Reason Code	EOC COURSES ONLY
	G	Student re-took one semester of EOC Course
	H	Student re-took two semesters of EOC Course
	I	Student re-took one semester and the EOC Exam of the EOC Course
	J	Student re-took two semesters and the EOC Exam of the EOC Course
	K	Student re-took only the EOC Exam

REQUIRED SIGNATURES

Teacher Name:	Teacher Signature:	Date:
Principal/Designee Name:	Principal/Designee Signature:	Date:

ENTERED/COMPLETED IN TERMS

Data Entry Name:	Data Entry Signature:	Date Change Entered:
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Copy: Student

Copy: Teacher

Copy: Data Processing