

CHANGE OF GRADE / MISSING GRADE

(TO BE USED IN EXCEPTIONAL CASES)

GENERAL INFORMAT	TION:				
Student Name:	Last			Fir	ret
Grade Level :		First Marking Period:(0000-0000) (Q1,Q2,S1,Q3,Q4,S2,FG)			
Course name:					
CHANGE OF GRADE:					
Change Grade from: _	to:				
Reason for Action: (For Credit Exam, work completed, recalculation of grade)					
Teacher Name:			First	ANS ID: _	Required
Teacher Signature:					/ /
Principal Name:	Last		First	ANS ID: _	Required
Principal Signature:					
MISSING GRADE:					
Add Missing Grade:					
Reason for Action: (For Credit Exam, work completed, recalculation of grade)					
Teacher Name:				ANS ID: _	
Teacher Signature:					////
Principal Name:	Lact		First	ANS ID: _	Required
Principal Signature:					:/
RECORDER'S OFFICE	USE ONLY:				
Grade process	sed				
GPA Updated					
Report Card p	rinted				
Recorder Name:	Last		First	ANS ID: _	Required
Recorder Signature:			1 11 9 6		

Please print this form, complete signatures and return to Recorder's Office.