# Student Grade Change Request
## MSIS/OSA
*this form requires the requesting teacher's signature*
*all signatures should be in blue ink*

Rankin County School District
TRADITION OF EXCELLENCE

Date: _____ Requested by: _____ Requesting School: _____
*(teacher signature)*

MSIS Primary signature: _____ Superintendent signature: _____

**STUDENT INFORMATION**

| MSIS ID | Name | Gr. Lvl | Course | Term. Enter corrected grade | | | | Reason for change. Check one. | | |
|---------|------|---------|--------|------|------|------|--------|-----------------|---------------|-----------|
| | | | | S1 | S2 | Y1 | Credit | Credit Recovery | Did Not Report | Incorrect |
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**This form will serve as official documentation for changes made to the above referenced student(s) in the Mississippi Department of Education's Student Information System. (grading screen only)** MS Code § 37-11-64 (2013)