

Approval Date: _____

 Counselor
 Approval Date: _____

 Principal
 Change Made Date/Initials: _____

 Secretary

GRADE/COMMENT CHANGE FORM

Date: _____ Teacher: _____

Student: _____ Grade: _____

Course Name: _____ Period: _____

Please indicate grade change by:

(1) Checking appropriate box and (2) writing in both original and new grade:

☐

Quarter Avg.

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Original				
New				

☐

Exams

	Mid-Term	Final Exam	Regents Exam
Original			
New			

☐

Final Course Avg. (If change affects final grade, please recalculate and provide.)

	Final Course Avg.
Original	
New	

Reason for change:

If grade was incomplete, explain why:

Comment Change: From: _____ To: _____

Teacher Signature: _____

Counselor Signature: _____

Both teacher and counselor signatures are necessary before a grade/comment change will be made.
 Please submit final request to the Guidance Office.