

Cuba High School

Teacher Request for Grade Change

This change of grade request **must** be turned in no later than two weeks after the end of the grading period as indicated on the Master School Calendar. Form needs to be complete.

Student Name: _____ Grade: _____

ID # : _____

Name of Class: _____

Reason for grade change:

Incomplete grade: _____

Date work completed: _____

Error in grade Calculation _____

Transcript Error: _____

Other: _____

Enter changes in appropriate boxes below:

Grading Period	Original Grade		New Grade	
	Percentage	Letter	Percentage	Letter
Quarter 1				
Quarter 2				
Exam 1				
Semester 1				
Quarter 3				
Quarter 4				
Examine 2				
Semester 2				

Teacher Signature: _____ Counselor Signature: _____

Principal Signature: _____ Date: _____

_____ Approved

_____ Disapproved