

**PALM SPRINGS MIDDLE SCHOOL
GRADE CHANGE REQUEST FORM**

This form must be submitted to the Curriculum AP, along with supporting documentation.

No grade change will be considered without supporting documentation.

Student Name: _____

ID#: _____

Teacher's Name: _____

Grade: _____

Course Title: _____

School Year: _____

Grade Change Needed (fill in the necessary boxes):

Type of Grade	9 Wks. (Circle one)	Change From:	Change To:
Academic	1 2 3 4		
Conduct	1 2 3 4		
Effort	1 2 3 4		
Attendance	1 2 3 4		
Mid-Term Exam			
Final Exam			
Final Grade			

Reason For Change (check one):

Blank Grade: _____

Grading Error: _____

Teacher Override: _____

Remove "NC": _____

Other: _____

Approvals:

Teacher Signature: _____

Date: _____

Curriculum AP: _____

Date: _____

Principal: _____

Date: _____