INSTRUCTOR'S REQUEST FOR GRADE /CERTIFICATE/STATUS CHANGE

This document is to be used by administrators and teachers to request changes to student records.

To: Sector Administrator

Requestor: Robert Schuchman

Re: Change of Grade Change of Certificate Request Certificate/Certificates

Change of Status Check One: Add Drop Name Change Transfer (Administrators Use Only)

GENERAL INFORMATION: Adult High School

Student Name: _____ Student Enrollment ID: _____

More than one student see attachment **(List must include student name and enrollment ID)**

Class: Advanced 3D Video Game Design Course# 635 Session: 03 Date: 5/24/12

Semester: Fall Spring Summer Year: _____

CERTIFICATE REQUEST: Change Certificate:

From	To

Print Certificate of Completion

Print Certificate of Competency

Print Certificates of Competency Advanced 3D Video Game Design

Course

635

Course Number

03

Session

All Students
See attached list

CHANGE OF GRADE:

Start Date: _____ End Date: _____

Original Grade/Citizenship: _____ Corrected Grade/Citizenship: _____

Days Present: _____ Days Absent: _____

CHANGE OF STATUS: Add student Drop Student

Name change From: _____ To: _____

(Administrators Use Only) Transfer Student From: _____ To: _____ Effective Date: _____

JUSTIFICATION (Explain circumstances): _____

_____

_____

_____ _____

Requestor Signature Date

……...

_____ _____

Sector Administrator Signature Date

This form is to be submitted to **Terri Cole**, Registrar for processing.

Revised 07/13/10