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 \Box Change of	Certificate Reques	st Certificate/Certificates
Change of Status \Box Check One: \Box	Add □ Drop □ Name	e Change 🗆 Transfer (Administrators Use Only)
GENERAL INFORMATION:	Adult 🗆 H	ligh School 🗆
Student Name:	Stud	dent Enrollment ID:
Class: 3D Character Design & Animation	Course# 658	Session: 02 Date: May 26, 2011
Semester: Fall □ Spring ☑ Summer □		
CERTIFICATE REQUEST: Change Certifi	cate: From	То
Print Certificate of Completion	L	I
□ Print Certificate of Competency		
Print Certificates of Competency	3D Character Design &	Animation
	Course 658	✓ See attached list 02
_	Course Number	Session
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 \Box	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 , Reg	gistrar for processing.	Revised 07/13/10