

BRIARCLIFF HIGH SCHOOL
GRADE CHANGE FORM

Today's Date _____

Student's Name _____

Grade Level 9 10 11 12 (Circle One)

Course Name _____ Period _____

GRADE CHANGE REQUESTS IN QUARTERS 1, 2, & 3 MUST BE COMPLETED AND SUBMITTED TO THE ADMINISTRATION BY THE LAST DAY OF THE NEXT MARKING PERIOD. FOURTH QUARTER GRADE CHANGE REQUESTS MUST BE RESOLVED BY THE *SECOND WEEK* OF THE NEW SCHOOL YEAR.

INCOMPLETE GRADES MUST BE RESOLVED BY THE SECOND WEEK OF THE NEW QUARTER.

(PLEASE REMEMBER TO ENTER NUMERIC VALUES FOR ALL GRADE CHANGES)

1ST Quarter From _____ To _____

2nd Quarter From _____ To _____

Midterm Grade From _____ To _____

Semester Grade From _____ To _____

3rd Quarter From _____ To _____

4th Quarter From _____ To _____

Final Grade From _____ To _____

Regents Exam From _____ To _____

Reason/Justification for Grade Change:

Teacher's Signature _____

Office Use Only:

Principal/Assistant Principal's Signature _____

Guidance Counselor's Initials _____