

John Hersey High School

CHANGE OF GRADE NOTIFICATION

Student's Name _____ ID# _____

Course Title _____ Course # _____

School Year _____ Sem. 1 ____ Sem. 2 ____ or

Summer School Year _____ Sem. 1 ____ Sem. 2 ____

	<u>Quarter 1</u>	<u>Semester 1</u>	<u>Exam</u>	<u>Final</u>
Existing Grade				
New Grade				

Reason for grade change: _____

Teacher Signature _____ Date _____

Division Head Signature _____ Date _____

Registrar Signature _____

Date Change Occurred _____

INCOMPLETE GRADES:

It is the responsibility of the teacher to replace the "I" grade after 2 weeks.

If an "I" grade remains on a student's transcript for longer than 2 weeks, the Registrar will change the incomplete grade to a "**Failure.**"

Please return this form to Carole Schwichtenberg - Registrar.