

Santa Maria High School

Change of Grade Form

Office Use Only
DEIA: _____
By: _____

Today's Date: _____

Student's Perm No.: _____

Student's Last Name/s: _____ First Name: _____

Course Title: _____ Period: _____ Grade: _____ School Year Course Taken: _____
(e.g., AP World Hist A) 9th-12th/Present grade (e.g., 2015/16)

Fall Semester	Grade	Grade	Spring Semester	Grade	Grade
1 st Progress	Old:	New:	3 rd Progress	Old:	New:
2 nd Progress	Old	New:	4 th Progress	Old:	New:
Fall Final Grade	Old:	New:	Spring Final Grade	Old:	New:
Credits Earned	Old:	New:	Credits Earned	Old:	New:

Reason for Change: _____

Teacher's Printed Name: _____ Teacher's Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Revised 1/24/18

***** All information must be completed, or it will not be processed and returned to Teacher*****