San Mateo High School *REQUEST FOR A CHANGE OF GRADE*

DOWNLOADED FROM SANMATEOHIGH.ORG:
MUST BE SUBMITTED TO COUNSELING OFFICE IN PERSON BY TEACHER.

Date:_____

Student name: _____Student Number:_____
Last First

Grade Level_____ Counselor:_____

Course Title_____ Period___ Teacher_____

Academic Year 20__ -20__

Check One: Fall _____ 1st 6-weeks Spring _____ 1st 6-weeks
_____ 2nd 6-weeks _____ 2nd 6-weeks
_____ SEMESTER ONE _____ SEMESTER TWO

Change Grade: From _____ To _____

Reason for Grade Change:

_____ _____
Teacher Signature Assistant Principal Instruction Signature