



## GRADE CHANGE MEMORANDUM

**TO:** ATTENDANCE OFFICE

**FROM:** \_\_\_\_\_  
Instructor Name

**DATE:** \_\_\_\_\_

**SUBJECT:** GRADE/HOURS CHANGE

**COURSE CODE #:** \_\_\_\_\_ **SECTION #:** \_\_\_\_\_

**COURSE NAME:** \_\_\_\_\_

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade Level

**SEMESTER**

**YEAR**

**GRADE PER.**

\_\_\_\_\_ Fall

\_\_\_\_\_

\_\_\_\_\_ 6

\_\_\_\_\_ Spring

\_\_\_\_\_ 9

\_\_\_\_\_ Summer

\_\_\_\_\_ 12

\_\_\_\_\_ Final

Should be changed from \_\_\_\_\_

\_\_\_\_\_

To \_\_\_\_\_

\_\_\_\_\_

Original Grade

Corrected Grade

Should be changed from \_\_\_\_\_

\_\_\_\_\_

To \_\_\_\_\_

\_\_\_\_\_

Original Hours

Corrected Hours

Should be changed from \_\_\_\_\_

\_\_\_\_\_

To \_\_\_\_\_

\_\_\_\_\_

Original Citizenship

Corrected Citizenship

**NOTE:** All grade changes other than incompletes must be signed by the ESGVROP/TC Superintendent.

\_\_\_\_\_  
Sherryl Carter, Ed.D., Superintendent

CC: Supervisor/ROP High School Counselor/ROP Instructor

OFFICE USE ONLY

Date Processed: \_\_\_\_\_

Copy sent to: \_\_\_\_\_ on \_\_\_\_\_ via \_\_\_\_\_ by \_\_\_\_\_