NORTH CAROLINA SCHOOL OF SCIENCE AND MATHEMATICS
OFFICE OF THE REGISTRAR

Request for Permission to Change Grade

Name of Student ___________________________________________ Grade 11 ____ OR ____ 12

Instructor ___________________________________________ Course and Section ___________________________________________

GRADE CHANGE REQUESTED:
Mid Term Progress Rpt From ____ To ____
Trimester 1 2 3 From ____ To ____
Final From ____ To ____

Reason for change ___________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

INSTRUCTOR’S SIGNATURE _________________________________ Date of Request* _________

Approved ( ) Not Approved ( ) ___________________________ Date __________

Academic Department Dean

Approved ( ) Not Approved ( ) ___________________________ Date __________

Vice Chancellor for Academic Programs

or

Vice Chancellor for Student Life

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BELOW THIS LINE FOR REGISTRAR’S OFFICE ONLY:

Date

By

( ) Grade(s) updated in FOCUS

( ) Verified grade sheet updated

( ) Transcript updated and sent to: ____________________________

( ) Email sent to:

____ student  ____ advisor

____ counselor  ____ SLI

____ parent(s)/guardian(s)

(This form to be filed in student permanent folder) 09.01.2011