Ganado Secondary School Grade Change Form

Date:							
Student Name				_			
Teacher Name:				_			
Course Name & Number:				Section:			
Grading Period and Cycle:							
• Semester							
• Six-Weeks: 1 2	3	4	5	6	MidTerm	<u>Final</u>	
Original Grade:	_						
Corrected Grade:							
Reason for Grade Change:							
Teacher Signature & Date:							-
Principal Signature & Date:							-
Registrar Signature & Date:							,
Counselor Signature & Date:							