



Oyster Bay High School

GRADE CHANGE FORM



Student Name: _____

Date of Request: _____

Teacher Name: _____

Counselor: _____

Course Name: _____

Course Year: _____

INPUT GRADES FOR CURRENT AND REQUESTED CHANGE

CURRENT RECORD

MP 1	MP 2	Mid-Term	MP 3	MP 4	Final Exam	FINAL GRADE

CORRECTED RECORD

MP 1	MP 2	Mid-Term	MP 3	MP 4	Final Exam	FINAL GRADE

REASON FOR GRADE CHANGE (Please Check)

_____ Data entry error

_____ Credit recovery coursework

_____ A modification based on work submitted or considered after the lockout date

_____ Changing an incomplete grade to a regular grade because a student completed course requirements

_____ Computational error

_____ Administrative Change

_____ Other acceptable justifications (please explain below):

Teacher's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

(Supervisor's signature not required for grade replacing INC)

Official's Signature Making Change: _____

Date: _____