# DoDEA Virtual High School
# Grade Change Form

Last Name _____

First Name _____

Student Number _____
   (Completed by local school registrar.)

Grade Level _____

School _____

Grade Change Date _____

Course for which GRADE CHANGE is requested:

_____

Change From: _____    Change To:_____

   Q1____    Q2____    Exam____    S1____

   Q3____    Q4____    Exam____    S2____

                                   Final____

Reason for requesting GRADE CHANGE:

_____
_____
_____
_____
_____
_____
_____

P co g"qh"Vgcej gt "Tgs wguvkpi "I tcf g"Ej cpi g<

**For Virtual School Use:**

____ APPROVED    ____ DISAPPROVED

Virtual High School
 Authorizing Signature:

_____/_____
                    **Date**

LMS        _____        SIS System____

SIS        _____            Aspen ____

Registrar    _____

Counselor    _____

Grade Change Final Action Date: _____