

MULLIN ISD

Campus: _____
Teacher Grade Change Form

Student ID _____ Student Name _____

Course No. _____ Course Name _____

Semester/Year _____ Teacher Name _____

Current Grade: _____

1 st six weeks	2 nd six weeks	3 rd six weeks	Final Exam	Sem Avg
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_____	_____	_____	_____	_____
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New Grade:

_____	_____	_____	_____	_____
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Reason for change: **(check only one)**

_____ There was an error in the computation of the student's grade

_____ An error was made marking the grade sheet or submitting the grade through the teacher's electronic grade book

Other. *Please provide detailed information for reason:* _____

Teacher signature

Principal signature

Date submitted _____

Date grade change was completed in student data system _____

PEIMS Clerk Signature