

CLASS STANDING - REQUEST FOR GRADE LEVEL ADJUSTMENT

Student Name: _____

Date: _____

Student ID # _____

School: _____

Address: _____

Phone: _____

Current Grade Level Designation: _____

Current # of credits: _____

Requested Grade Level Adjustment: _____

Reason for Request: _____

Requested by:

Student Signature

Date

Parent Signature

Date

To be completed by your counselor:

Report card reviewed? Yes No

ISGP attached? Yes No

Counselor Signature

Date

Approval Verification

Approved

Denied

Approved By:

Principal Signature

Date