

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