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:

_________________________________________ Date __________________________

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:

_________________________ Date __________________________

Principal Signature Date

June 2002