

[Insert Campus Name]

School Year: [Insert School Year]
Fall Semester

Student Last Name	First Name	HISD ID#
Course Name: _____	Teacher Name: _____	
	(print)	

ENTER ONLY THE INFORMATION TO BE CHANGED:

1 st six weeks:	from _____ to _____
2 nd six weeks:	from _____ to _____
3 rd six weeks:	from _____ to _____
Final Exam (Sem. 1):	from _____ to _____

Reason for correction (check one):

An incomplete grade was posted. Assignment(s) administered _____

I attest the incomplete grade has been updated in my grade book. _____

Any grade reported as "Incomplete" must be resolved before the end of the next grading period. It is the responsibility of the teacher issuing the Incomplete to determine the reasonable timelines for the completion and assessment of the missing material and to promptly report the grade. (HISD guidelines, Chapter XV-40)

The only reasons for changing a student's grade after it has been recorded are listed below. All such changes must be initiated by the teacher assigning the grade and must be approved in writing by the principal and the rationale for the change kept on file. All changes must be made before the end of the next grading period. (HISD Guidelines, Chapter XV-3)

An error was made in the computation of the student's grade or absence.

An error was made entering grades into HISD Connect Grade Files.

Date of request _____ Teacher Signature: _____

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For office use only

This grade change request is: _____ Approved _____ Denied

Date: _____ Principal's Signature: _____

Forward to Registrar _____ Computer Entry Date: _____

The Registrar must keep this form on file after the computer record has been corrected for at least one year.