

**Imbler School District 11**

Code: **IKAB-AR**  
Revised/Reviewed: Unknown; 5/20/14  
Orig. Code(s): 7640.1

**Request for Grade Change**

Name of Student \_\_\_\_\_ Year in School \_\_\_\_\_

Title of Course \_\_\_\_\_

Instructor \_\_\_\_\_ Year of Class \_\_\_\_\_

Disputed Grade in Class     A    B    C    D    F

Grade Requested in Class    A    B    C    D    F

Reason for Grade Change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Response:

\_\_\_\_\_

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

Action on Grade Change:  Approved    Denied

Appeal:

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

Action on Grade Change:  Approved    Denied

Appeal:

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

Action on Grade Change:  Approved    Denied

Appeal:

\_\_\_\_\_  
Board Chair Signature

\_\_\_\_\_  
Date

Action on Grade Change:  Approved    Denied