

**Request for Grade Change Appeal Form**

Name of Parent/Guardian: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Name of Pupil: \_\_\_\_\_ Grade of Pupil: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_ Course Name: \_\_\_\_\_

Date Grade Issued: \_\_\_\_\_ Date of Meeting with Teacher: \_\_\_\_\_

Reason(s) for Request for Grade Change Appeal:

\_\_\_\_\_ Mistake \_\_\_\_\_ Fraud \_\_\_\_\_ Bad faith \_\_\_\_\_ Incompetency

**Pursuant to Education Code section 49066, a grade change request may only be reviewed on the basis of one of the above-noted reasons as they relate to the assignment of the grade.**

Please state, in detail, specific, objective facts supporting this request for appeal. Attach any documentation in support of your request to this form. Please note that this process is for grade change appeals only. For questions or concerns regarding other issues, contact your school principal.

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Signature of Parent/Guardian: \_\_\_\_\_