

Cold Spring Harbor Jr./Sr. High School
CHANGE OF GRADE / MISSING GRADE

Date:

MP:_____

Course Name/Teacher:

Current Grade in Class:

Student Name:

New Grade in Class:

Teacher Signature:

Regents Exam Grade:

Chair Signature:

Final Grade:

Administrator Signature:

Grade Level:

SUBMIT THIS FORM TO DAN REARDON

Date Changed:

Completed By:

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