

MONTGOMERY COUNTY PUBLIC SCHOOLS

Request to Review High School Transcript

MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland

INSTRUCTIONS

In rare circumstances, this form may be used to review transcript errors and request a modification. Approval must be obtained by the Chief Academic Officer by completing Sections I–VII below.

SECTION I: STUDENT INFORMATION

Student Name _____

Student ID Number _____ Grade _____

Course Name _____ Course Number _____

SECTION II: REQUESTED MODIFICATION

SCHOOL YEAR _____ - _____ **CHANGE**
 Grade
 Course Code (all 8 digits) _____ - _____ To (all 8 digits) _____ - _____

Term	MP 1		MP 2		MP 3		MP 4		FINAL GRADE <i>(This field must be completed)</i>	
	From	To	From	To			From	To	From	To
S1										
S2					From	To	From	To	From	To

Rationale for Request: (required)

SECTION III: COUNSELOR

Recommend modification? Yes No

If not recommended, please explain:

Counselor (Please Print Name) _____

Counselor Signature _____ Date ____/____/____

SECTION IV: PRINCIPAL

Recommend modification? Yes No

If not recommended, please explain:

Principal (*Please Print Name*) _____

Principal Signature _____ Date ____/____/____

SECTION V: GRADUATION VALIDATION COMMITTEE

Recommend modification? Yes No

If not recommended, please explain:

Local Accountability Coordinator (*Please Print Name*) _____

Local Accountability Coordinator Signature _____ Date ____/____/____

SECTION VI: CHIEF ACADEMIC OFFICER

Recommend modification? Yes No

If not recommended, please explain:

Chief Academic Officer (*Please Print Name*) _____

Chief Academic Officer Signature _____ Date ____/____/____

SECTION VII: COMPLETION BY CENTRAL RECORDS

Date of Modification: ____/____/____

By: (*Printed Name*) _____ Title/Position: _____

Signature: _____

Copies to: School Registrar Office for filing in the Grade Modification Folder; Student Cumulative Folder; Chief Academic Officer