



Linking Learning to Life

# Marshall County Schools Transcript Change Form

Current School Year: \_\_\_\_\_ - \_\_\_\_\_

School: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Note: ID # is required to correctly identify the student.

Office Use Only:
Completed by: _____
Date: _____

Course Code:	Section #:	Teacher Name:	Marking Period:	Incorrect Grade(s):	Correct	Grade(s):
			Q1			
			Q2			
			EC			
			S1			
			Q3			
			Q4			
			EC			
			S2			

REASON(S):

S1 = (Q1 + Q2)/2    S2 = (Q3 + Q4)/2    Courses with EOCT: S = 0.75(Q3 + Q4)/2 + 0.25(EC)

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_