



# BROWNSVILLE INDEPENDENT SCHOOL DISTRICT

## Grade Correction Form

Grade: \_\_\_\_\_ ID: \_\_\_\_\_ Student Name: \_\_\_\_\_

Course/Section #: \_\_\_\_\_ Course Description: \_\_\_\_\_

- Procedure:**
1. Post correction in electronic grade book. (E-SCHOOL)
  2. Complete grade correction form.
  3. Sign the form and obtain signature from administrator.
  4. Submit completed form to data management clerk.

### SEMESTER 1 (Fall)

1<sup>st</sup> Six Weeks (MP 1) from \_\_\_\_\_ to \_\_\_\_\_

2<sup>nd</sup> Six Weeks (MP 2) from \_\_\_\_\_ to \_\_\_\_\_

3<sup>rd</sup> Six Weeks (MP 3) from \_\_\_\_\_ to \_\_\_\_\_

Final Exam from \_\_\_\_\_ to \_\_\_\_\_

### SEMESTER 2 (Spring)

4<sup>th</sup> Six Weeks (MP 4) from \_\_\_\_\_ to \_\_\_\_\_

5<sup>th</sup> Six Weeks (MP 5) from \_\_\_\_\_ to \_\_\_\_\_

6<sup>th</sup> Six Weeks (MP 6) from \_\_\_\_\_ to \_\_\_\_\_

Final Exam from \_\_\_\_\_ to \_\_\_\_\_

### SEMESTER 3 (Summer)

7<sup>th</sup> Six Weeks (MP 7) from \_\_\_\_\_ to \_\_\_\_\_

**Reason for Change:**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Administrator Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Data Management Clerk**

\_\_\_\_\_  
**Date**