



STARR KING

SCHOOL FOR THE MINISTRY

CHANGE OF GRADE FORM

Fill out and send to the registrar of your school

STUDENT'S NAME: _____
Last First Middle

STUDENT ID# _____

COURSE TITLE: _____

COURSE NUMBER: _____ SECTION: _____

SEMESTER/YEAR TAUGHT: _____ UNITS _____

NEW/REVISED GRADE: _____

FACULTY SIGNATURE: _____ DATE: _____

Students must save the completed form as a PDF with the name as Term.ChangeofGradeForm.Your first and last name. Then, email the form to registrar@sksm.edu, and Cc your faculty. The office of the registrar will obtain the necessary signatures after the completed PDF form is received.