



STARR KING

SCHOOL FOR THE MINISTRY

CHANGE OF GRADE FORM

Student Name: _____

Student Legal Name (if different): _____

Student Populi Barcode ID # _____

Course Title: _____

Course Number: _____

Term /Year Taught: _____ Units: _____

New/Revised Grade: _____

Faculty Signature: _____ Date: _____

Registrar Signature _____ Date: _____

Students: Please save the completed form as a PDF using filename:
[Term].[Change of Grade Form].[Course Number].[Your first and last name].
(ex: 2021SP.Change of Grade Form.IDS-1400.Joe Learner)

See the Student Forms webpage or the Student Handbook for detailed instructions how to use the free Adobe software to fill out, sign and save PDFs.

Email the completed form (except for the signatures) to registrar@sksm.edu, copying the faculty. The Office of the Registrar will obtain the necessary electronic signatures after the completed PDF form is received, and make the appropriate changes to the student record.