GRADE REVISION FORM

Please complete items 1-6 on this form.

1. Course Number and Name: _____________________________________________________

2. Year: ________  3. Quarter (check one):   Fall _____ Winter _____ Fall Interim _____
   Spring _____    Summer _____

4. Please revise the grade for the student listed below:

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade Given</th>
<th>Revised Grade</th>
<th>Reason for Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Signature of Instructor _____________________________      6. Date ________________________________

Send this completed form to:
Director of Curriculum
The Salvation Army
College for Officer Training at Crestmont
30840 Hawthorne Blvd.
Rancho Palos Verdes, CA  90275

This Section for Administrative Use Only

Noted by Director of Curriculum __________

Date ______________

____________________
Signature of Principal

New Grade Posted
Date: ______________
By: _______________