

CST Physics Test Grade Change Application

Please PRINT all this information neatly and return this to Mr. Goettler promptly. This offer is only valid if you return this form to Mr. Goettler by September 15 in the SAME YEAR you completed the CST Physics Test. NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE. You MUST attach a copy of your CST Physics test results, which were mailed to you, to this application.

If you earned a score of:

“Advanced,” I will change your grade two letter grades higher than you earned, to a maximum of an A in the Term of your choice.

“Proficient,” I will change your grade one letter grade higher than you earned, to a maximum of a B in the Term of your choice.

Your Last Name _____ First Name _____

Your SMHS Student ID Number _____

Date you gave this form directly to Mr. Goettler _____

Circle the grade Level you are in now: 10th 11th 12th

Year you took the CST Physics Test (ie: Spring, 2009) _____

What score did you earn on the CST Test? (circle one) Proficient Advanced

Year I had you in class (ie: 2008-2009) _____

Which period did you have my class that term? _____

Which Term's Grade Would You Like Changed? (Circle One)

Term 1 Term 2 Term 3 Term 4

Grade you earned in my class that Term _____ (put "+" or "-" as well)

Grade Mr. Goettler should change this to _____ (put "+" or "-" as well)

I will change this grade with the SMHS registrar.

Your Contact Info:

email _____ phone# _____

_____ 1st Period Room Number _____ 2nd Period Room Number