

AP Chemistry Grade Change Application

Please PRINT all this information neatly and mail this to Mr. Bausback promptly. This offer is only valid if Mr. Bausback receives this application by July 31, following the May in which you took the AP Chemistry Exam. There will be no exceptions to this deadline.

Your Last Name _____ First Name _____

Your SMHS Student ID Number _____

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

Grade you received on the AP Chemistry Exam (attach a Xerox copy of your report).

Circle One: 3 4 5

Year I had you in AP Chemistry (ie: 2005-2006) _____

Which period did you have my class that term? _____

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

Term 3 Term 4

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

I will raise this grade with the SMHS registrar as follows:

3 raises your grade to a C; 4 raises your grade to a B; 5 raises your grade to an A

Your Contact Info:

email _____ phone# _____

Mail Completed Application and a Xerox of your AP Chemistry Score Report to:

Olin Bausback
2537 Murrell Road
Santa Barbara, CA 93109