

Mississippi Department of Education  
**School Improvement 1003**  
 MCAPS Revision Form

<b>District Name:</b>	
<b>School Name: (Please submit one <u>REVISION FORM</u> per school):</b>	

**DETAILED DESCRIPTION**

(Please provide the following responses in complete sentences):

<b>Which intervention/strategy in your application is being revised?</b>	
<b>Why is the revision being requested?</b>	
<b>Revision Number (e.g. Revision 1,2,3):</b>	
<b>Fiscal Year (e.g. FY20):</b>	
<b>Program Name (e.g. Title I, Part A):</b>	

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**Required Signatures:**

<i>School Principal (1003 ONLY)</i>	<i>Date</i>
<i>Federal Programs Director/Project Coordinator</i>	<i>Date</i>
<i>Business Manager</i>	<i>Date</i>
<i>Superintendent/Executive Director</i>	<i>Date</i>