



**Substitution of Credits**

In exceptional circumstances, and in discussion with parents, a school administrator may approve the substitution of a maximum of two credits toward high school graduation.

Please complete and submit this form at the time of current year marks submissions to the Professional Certification and Student Records Unit.

**Student Information** (Please print)

\_\_\_\_\_ MET Number

\_\_\_\_\_ (Last Name)

\_\_\_\_\_ (First Name)

\_\_\_\_\_ (Middle Initial)

<i>The student completed the course(s) below</i>			<i>as substitution for these compulsory course(s)</i>		
Course Title	Grade Level	Course Code	Course Title	Grade Level	Course Code
1.					
2.					

Reason(s) for substitution(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

**Authorization:**

\_\_\_\_\_ School Name \_\_\_\_\_ School Code

\_\_\_\_\_ Principal's name

\_\_\_\_\_ Principal's signature

\_\_\_\_\_ Date

**Mail to:**

STUDENT RECORDS UNIT  
 PO BOX 700

**Fax to:**

1-204-773-2411