

## **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, print, sign and submit this form at the time of current year marks submissions to Education Administration Services.

Student Information (Please prin	<u>nt)</u>					
MET Number						
(Last Name)		(First Name)		([	(Middle Initial)	
The student completed the course(s) below			as substitution for these compulsory course(s)			
Course	Grade	Course	Course	Grade	Course	
Title 1.	Level	Code	Title	Level	Code	
2.						
1. 2.						
Authorization:	School	Namo		Scho	ool Code	
School Name				Sono	oi code	
Principal's name		Princ	ipal's signature	signature Date		
Mail to:	il to: Fax		to:			
Education Administration Services Room 507 – 1181 Portage Avenue Winnipeg MB R3G 0T3		204	-948-2154			