



SUBSTITUTION OF COMPULSORY CREDITS PERMISSION FORM

STUDENT INFORMATION

Date of Application: _____

First Name: _____

Last Name: _____

Birthdate: _____

Current Grade: _____

Name of School: _____

COMPULSORY CREDITS TO BE SUBSTITUTED

_____	_____
_____	_____
_____	_____

Reason(s) for substitution(s):

COURSE REPLACEMENT

What will take the place of the compulsory credit(s):

_____	_____
_____	_____
_____	_____

SIGNATURES

Student Signature

Date

Parent/Guardian Signature

Date

Principal Signature

Date

Please email a scanned copy of this completed form and any supporting documents to office@nimbuseducation.ca A copy of this completed form will be filed in the Ontario Student Record.