



## Request to Substitute Independent Course for ECA Credit

Directions: Students must complete all aspects of this form. Any information left blank could delay processing. Form must be turned into the guidance office at least two weeks prior to the beginning of the course. Failure to do this could result in denied substitution credit, etc. Responsibility lies completely on the student to turn in this form. *Note: All courses taken through this method will count for transcribed High School credit. The grades will be included in their high school GPA and Rank.*

Student Full Name: \_\_\_\_\_ Graduation Class of: \_\_\_\_\_

Student Email: \_\_\_\_\_

Institution/Curriculum Provider: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Length of Course (circle one):      1 Semester (Minimum 60 hours)      1 Year (Minimum 120 hours)

Class Term: (Ex. Fall Semester 2016) \_\_\_\_\_

Class Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Class End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Optional: I would like to take this course to substitute the following ECA course:* \_\_\_\_\_

**Attach a course description and/or syllabus. If this is a home-school course, include sample assignments, textbooks, and how the 60 or 120 hours will be completed.**

I have filled out this form completely. I understand that all course substitutions are dependent upon school approval. If I turn in this form late, I may not receive permission to earn ECA credit. In addition, I certify that my student/family is responsible for all costs associated with this course.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicable:

Supervising Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Person Printed Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Office Use Only:  Received prior to two weeks     Textbooks Ordered     Substitution Granted

Administrator Approval (Initial): \_\_\_\_\_ Return copy to student.