

**MIDDLE SCHOOL EDUCATION REQUIREMENTS - COURSE SUBSTITUTION REQUEST**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Number: \_\_\_\_\_ School: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

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**COURSE SUBSTITUTE INFORMATION**

Requested Course Substitution: \_\_\_\_\_ course for \_\_\_\_\_ course.

Substitute Course Description/Extracurricular Activity/Experience:  
\_\_\_\_\_  
\_\_\_\_\_Similar Course Requirements:  
\_\_\_\_\_  
\_\_\_\_\_Consistency with College and Career Readiness (Or Attach the Student's College and Career Readiness Plan)  
\_\_\_\_\_  
\_\_\_\_\_

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**REQUIRED SIGNATURES****Student:** I, \_\_\_\_\_, **student** at \_\_\_\_\_ Middle School, hereby request a course substitution as outlined in this form.

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

**Parent/Legal Guardian:** I \_\_\_\_\_, **parent/legal guardian** of \_\_\_\_\_ (student), have met with the school administration and reviewed the course substitution information and hereby request a course substitution as outlined in this form.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

 Approve  Deny Principal Signature \_\_\_\_\_ Date: \_\_\_\_\_

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A course substitution request is a decision for the local middle school. A course substitution denial may be appealed to a three-person Course Determination Panel appointed by the Superintendent or designee. To request an appeal, please submit a written request to the office of School Performance, 9361 South 300 East, Sandy UT, 84070.