EMBRY-RIDDLE AERONAUTICAL UNIVERSITY - PRESCOTT
REQUEST FOR ADVANCED STANDING OR PLACEMENT

NAME: _____________________________________________________________ BOX #: _____________

ID#: ___________________ ADVISOR: ______________________________ GPA: _______________

I hereby request an evaluation for advanced placement/standing for the following course. I have completed
educational/work/training related experiences and activities, and feel that it qualifies me for either advance
placement or advanced standing:  (Attach a letter and evidence of the experience)

Course Number: _________________ Title: ______________________________________ Cr. Hrs:_______

Date: ___________________________ Student’s Signature: _______________________________________

Department Chair selects one:

  o Approved for Advanced Placement: Work was completed as a part of a secondary school program or
    other non-scholastic experience. If completed after graduation from high school it was not of sufficient
    quality or quantity to qualify for the granting of college credit under advanced standing option.
    Advanced placement means that the particular course identified above is to be waived and marked on
    the evaluation as MET, and that the student must make up the credit in general electives or as
    indicated below in the section entitled Remarks/Conditions.

  o Approved for Advanced Standing: Work was completed as a part of and appropriated post-secondary
    educational training experience or program, covered the material inherent in the above identified
    course, and was complex enough to give the student the required expertise and knowledge. Credit is
    granted and posted to the student’s transcript for the above.

  o Not approved for Either Advanced Placement or Advanced Standing: Course equivalency examination
    or completion of the above course is required in order for credit to be awarded.

Remarks/Conditions:

________________________________________________________________________________________
________________________________________________________________________________________
_______________________________________________________________________________________

Department Chair
Responsible for Course ___________________________________________ Date _____________________

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