

**EMBRY-RIDDLE AERONAUTICAL UNIVERSITY - PRESCOTT
COURSE SUBSTITUTION REQUEST**

Name of Student: _____ ERAU Box # _____

Student ID #: _____

I am following the _____ - _____ catalog and hereby request course substitution(s) toward:

Degree Program _____ or the _____ standard minor.

CATALOG REQUIREMENTS Course# -Title-Credit Hours	REQUESTED SUBSTITUTION Course#-Title-Credit Hours

Explanation: _____

Student Signature: _____ Date: _____

Recommendation of the department offering the course(s) above:

I () recommend () do not recommend this substitution.

Department Chair Signature: _____ Date: _____

Approval of the student's academic program:

I () approve () do not approve this substitution.

Department Chair Signature: _____ Date: _____

Processed in the Records Office: _____ Date: _____ by _____