

Embry-Riddle Aeronautical University, Worldwide
Enrollment Management
ACADEMIC/CURRICULUM WAIVER

Date: _____

Student Name: _____
 (Last) (First) (MI) (Student ID# or Last 4 digits of SS#)

Degree Program: _____ Center: _____
 (Name & Code Number)

<p>_____ Late Withdrawal (Submit petition & evidence)</p> <p>_____ Enroll in a Graduate Level Course: Students must be conditionally admitted to the University in a Graduate level program. (Director of Academic Support Signature Required)</p> <p>_____ (One-Time) Graduate Repeat of Course</p>	<p>_____ Continuing Student Status to: _____ (date)</p> <p>_____ Change of Grade: From _____ To _____</p> <p>_____ Course Overload</p> <p>_____ Other (Administrative Changes)</p>
Course: _____ Term Dates _____ [] Approved [] Disapproved (Course Number and Title) (From/To)	

_____ **Course Substitution** **Note: Substituting one ERAU course for another is generally not approved.*

Name of Institution _____

ERAU Degree Requirement				Requested Substitution <i>(Please attach copy of course description)</i>			
Dept.	No.	Title	Sem/Qtr. Hr.	Dept.	No.	Title	Sem/Qtr. Hr.

Note: Approval of this course substitution request only applies to the specific institution and degree program listed above. [] Approved [] Disapproved

_____ **Graduate Course(s) over 7 years old** (Submit petition & evidence of maintained currency)

Course: _____ Term Dates _____ [] Approved [] Disapproved
 (Course Number and Title) (From/To)

Course: _____ Term Dates _____ [] Approved [] Disapproved
 (Course Number and Title) (From/To)

Course: _____ Term Dates _____ [] Approved [] Disapproved
 (Course Number and Title) (From/To)

Justification/Comments:

 Student Signature (Mandatory) /Date

 Instructor Signature /Date

 Regional Dean / Program Chairperson or Authorized Designee /Date

 Director of Academic Support /Date

 Enrollment Management Designated Representative /Date