

Flight Class Override Request Form

Last Name	Firs	First Name E# RN Number Semester Requested (month, year)		Date
AVFO Flight Course	CRN Number			Emich Email
I affirm that the above of the new semester, the course listed above.				
Instructor Printed Name	e Instru	uctor Signature		Date
The completion of AVFO 17	5a is the first solo.			
For AVFO 175b, 245, 371b,	426, 427, 428, and 429	ompletion is obtaini	ng the certificate or ra	ating.
For AVFO 361 completion is	the complex endorser	ment.		
For AVFO 371a completion	is ½ the required hours	for the Commercial C	ertificate	
***********Submit this form and	d accompanying docur	mentation to Dr. Deland	ey at jdelane4@emich	n.edu.*******