

Eastern Michigan University – Aviation Program
Certification of Graduates for an ATP Certificate with Reduced Aeronautical Experience

I) THIS SECTION TO BE COMPLETED BY APPLICANT (Type or Print):

Name (exactly as listed on pilot certificate)	<input type="text"/>		
Student Number #	<input type="text"/>		
Pilot Certificate #	<input type="text"/>		
Phone number	<input type="text"/>		
Email address (use EMU if current student)	<input type="text"/>		
Mailing address 1	<input type="text"/>		
Mailing address 2	<input type="text"/>		
Mailing City, State, Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of graduation (mm/dd/yyyy)	<input type="text"/>		
Date submitted (mm/dd/yyyy)	<input type="text"/>		

Perform File-Save As-PDF (please do not use the other extended Reader functions).
Filename format: lastname-firstname-date. Example: **doe-john-10-08-2013**.

Email as an attachment to Dr. Jerard E. Delaney II, Aviation Program Coordinator at jdellane4@emich.edu
Print a copy for your records.

II) THIS SECTION TO BE COMPLETED BY EMU-AVIATION PROGRAM COORDINATOR:

Degree Program from which student graduated and date of graduation:

Aviation Flight Technology (date) _____ (initials)

Total Credit Hours of FAA Approved Aviation Related Courses (number) _____ (initials)

Signature of Aviation Program Coordinator Date

Program Coordinator sends worksheet to School Director, Technology & Professional Services Management.

III) THIS SECTION TO BE COMPLETED BY SCHOOL DIRECTOR, TECHNOLOGY & PROFESSIONAL SERVICES:

Has completed 60 or more approved credit hours required Sec. 61.160(b)(1-3) _____ (initials) or

Has completed 30 - 59 approved credit hours required Sec. 61.160(d) _____ (initials)

Signature of School Director, Technology & Professional Services Management Date

School Director sends worksheet to Registrar via email at registrar@emich.edu or via fax at (734)487-6808.

IV) THIS SECTION COMPLETED BY REGISTRAR:

MAIL COMPLETED CERTIFICATE WITH UNIVERSITY SEAL TO APPLICANT _____ (initial & date)

RETURN WORKSHEET TO AVIATION PROGRAM COORDINATOR _____ (initial & date)