



### Application Form (International Student)

**Personal Information:**

Name: \_\_\_\_\_ ( )

Current Mailing Address: Last First Middle Telephone

Street Number and Name City Zip Country

Email Address: \_\_\_\_\_

Gender (M/F): \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ (Month/Day/Year)

City and Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Marital Status:  Single  Married

**Emergency Contact:**

Name: \_\_\_\_\_ ( )

Current mailing Address: LAST FIRST MIDDLE TELEPHONE

Street Number and Name City Zip Country

**School Record: List High School you graduated from.**

School Name Address - City, Country Dates of Attendance Diploma/Degree Achieved

		From ___/___/___ to ___/___/___	
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Current Occupation: \_\_\_\_\_

SELECTED START DATE: \_\_\_/\_\_\_/\_\_\_ (Month/Day/Year) What program would you like to enroll in?  F-1  M-1

Would you like student housing?  Yes  No

Country of Passport Issuance: \_\_\_\_\_ Is English your native language?  Yes  No

Passport Number: \_\_\_\_\_ If No, have you completed a TOEFL IBT?  Yes  No

Date of Passport Expiration: \_\_\_/\_\_\_/\_\_\_ (Month/Daye/Year) What is your score? \_\_\_\_\_

Have you been convicted of a crime in the past 10 years that may prevent you from passing a criminal history records check administered by the TSA?  Yes  No If yes, Explain :

\_\_\_\_\_

List all Flight Certificates/Ratings held:

\_\_\_\_\_

Name of School where ratings were obtained:

\_\_\_\_\_

Foreign Medical:  Yes  No Date of Expiration: \_\_\_\_\_ Country of Issuance: \_\_\_\_\_

Flight Experience: Total Time Cross-Country Night Complex Instrument



Simulator					
Solo/PIC					
Dual					

STUDENT SIGNATURE \_\_\_\_\_

DATE (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

***Application must be accompanied by a \$450.00 application fee (non-refundable); Please also attach current copy of your passport and additional documents as required for International Student Enrollment. Please add \$500 for housing deposit if housing is requested.***