

**2009 Application for the "Distance Learning + 5" Aircraft Dispatcher Course**

→→→→REQUESTED PHASE II CLASS STARTING DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE PRINT CLEARLY**

Mo Day Year

NAME \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_  
Last First Middle - - -

ADDRESS \_\_\_\_\_  
Street/PO Box City ST/ZIP Country

TELEPHONE (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work E-mail Address

**PERSONAL**

INFORMATION Sex: F or M \_\_\_\_\_  
Height (inches only) Wt (pounds only) Hair Color Eye Color

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ COUNTRY OF \_\_\_\_\_  
Month (letters) Day Year City State/Province/Country (if not U.S.A.) CITIZENSHIP: \_\_\_\_\_  
(ex. Jan /5/1975)

Check Highest Diploma /Degree Attained: \_\_\_ High School \_\_\_ GED \_\_\_ Associate Degree \_\_\_ Bachelor's Degree \_\_\_ Post-graduate

CURRENT EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City ST/ZIP Country

FAA RATINGS, if any: \_\_\_\_\_

AVIATION EXPERIENCE, if any: \_\_\_\_\_

RESPONSIBLE FOR PAYMENT: MYSELF \_\_\_\_\_ EMPLOYER \_\_\_\_\_ OTHER \_\_\_\_\_  
(state name) (state name)

\*NOTE: Personal information is required for FAA License Application purposes.

Please indicate (✓) if you would like us to send you a student loan application [U.S. students only]: Yes \_\_\_ No \_\_\_

International students only - Please indicate (✓) if you need an I-20 (student visa application) form: Yes \_\_\_ No \_\_\_

**ADVANCED WORKSHOPS:** Please indicate (✓) if you wish to attend the workshop(s) immediately following the course.

- \_\_\_\_ (1) Advanced International Flight Planning (AIFP)
- \_\_\_\_ (2) Extended Range Operation with Twin-Engine Airplanes (ETOPS) FREE, if enrolled in AIFP & EWINS
- \_\_\_\_ (3) EWINS (Advanced Weather Training)

Please provide us with your User ID: \_\_\_\_\_ and Password: \_\_\_\_\_ for Phase I of the course. You will receive a confirmation and link via e-mail from us. [Phase I Tuition Payment (\$1,500.00 nonrefundable) required.]

If student housing is needed, please contact the school for options.

*By my signature below, I certify that I am over 21 years of age, or will be 21 by the course completion date, and that the statements I have made are true to the best of my knowledge. I have received a School Catalog and/or CD electronic catalog and/or have read the online catalog for updates, including the English proficiency requirement-that I confirm that I can read, speak, write, and understand the English language. I have also read the terms and conditions related to enrollment and attendance, including the Refund Policy and online access extension fees, including updates within the online catalog. I have enclosed a check, credit card form or money order in the amount of US\$1,500.00 (Non-Refundable 2009 Phase I tuition for 4 months online access) and request an Enrollment Agreement. I understand that I am under no obligation to enroll in Phase II (residency) and that the residency class is filled upon receipt of the Enrollment Agreement with the Phase II tuition (\$1,300), and not this original application. I also understand that I must pass the ADX Knowledge exam before the residency phase II begins, preferably before Phase I. It is highly recommended to pass the ADX prior to the Phase I commencement. If ADX testing is unavailable in your country, contact us for details. By signing below and submitting payment, this document acts as an Enrollment Agreement for Phase I of the "DL+5" course and is a binding contract. I understand that the Phase I tuition of \$1,500.00 is nonrefundable.*

*\*If your application and Phase II Tuition are received after all the residency class positions have been filled, then the Phase II tuition is refundable or transferable. You are also welcome to call us prior to sending your application/deposit to check for class seating availability.*

Applicant's Signature

Date

revised 07/17/08