

2010 Application for the 3-WEEK Aircraft Dispatcher Course

PLEASE PRINT CLEARLY

REQUESTED CLASS STARTING DATE: (Month/Day/Year): _____ / _____ / _____

NAME _____ SOC. SEC. NO. _____ - ____ - _____
Last First Middle

ADDRESS _____
Street/PO Box City ST/ZIP Country

TELEPHONE (____) _____ (____) _____ E-mail Address _____
Home Work

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

DATE OF BIRTH: ____ / ____ / ____ PLACE OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____
Month (letters) Day Year City State/Province/Country (if not U.S.A.)
(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.

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 Operations (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 signing below, I certify that I am over 21 years of age, 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, attendance, Refund Policy, online access extension fees, including updates within the online catalog. I have read and understood the online course due dates matrix and understand that ANY overdue assignments FOR ANY REASON will result in automatic postponement or termination from the program. I have understood the online course postponement policy within the catalog and online matrix. I have enclosed a check, credit card form, or money order in the amount of US\$1,500.00 (Non-Refundable 2010 Phase I tuition for 2 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 (\$2,200), 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 "3-week" course and is a binding contract. I understand that the Phase I tuition of \$1,500.00 is nonrefundable. I also understand that I must pass the ADX Knowledge exam before the course begins or within 3 days of the course commencement for a test fee of \$150. *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 03/01/10