

**2011 Application – Sheffield School 2-week Aircraft Dispatcher Course**

**PLEASE PRINT CLEARLY**

REQUESTED PHASE II 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

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)

**Phase I Tuition Payment (\$1,500.00 nonrefundable) required.) Once application and payment are received, then you will receive a confirmation and link via e-mail from us. If student housing is needed, please contact the school for options.**

*By my signature below, I certify that I am at least 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 read the online catalog for updates, including the English proficiency requirement-that I confirm that I can read, speak, 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 or money order in the amount of US\$1,500.00 (Non-Refundable 2011 Phase I tuition for 3 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 (\$1,400), 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 “2-week” 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 06/30/10