

**SHEFFIELD SCHOOL OF AERONAUTICS**  
**2018 APPLICATION FOR AIFP (Adv. International Flight Planning) COURSE**

REQUESTED CLASS STARTING DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mo Day Year

**PLEASE PRINT CLEARLY**

NAME \_\_\_\_\_  
Last First Middle

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

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

PERSONAL INFORMATION Sex (Circle): Male or Female

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ COUNTRY OF CITIZENSHIP: \_\_\_\_\_  
Mo Day Year City State/Province/Country (if not U.S.A.)

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

LAST SCHOOL ATTENDED: \_\_\_\_\_ DATES ATTENDED: \_\_\_\_\_

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)

Please indicate (✓) if you are a Sheffield (Certification Course) Graduate: Yes \_\_\_\_ No \_\_\_\_

If YES, please indicate Graduation month, year, and practical examiner's name (if possible) \_\_\_\_\_

**ADVANCED WORKSHOPS:** Please indicate (✓) if you wish to attend any additional workshop(s) immediately following the course.  
\_\_\_\_ (1) ETOPS (Extended Operations) \_\_\_\_ (2) EWINS (Advanced Weather Training)

**Hotel options** at "www.sheffield.com/student-housing") - Sheffield does not typically provide housing for Workshop-only applicants, but we will check availability for you, if requested.

*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. I have also read the terms and conditions related to enrollment and attendance, including the Refund Policy, including updates within the online catalog. I have enclosed a check or money order in the amount of US\$500.00 (\$750.00 for Non-Sheffield Graduates) and request an Enrollment Agreement. I understand that I am under no obligation to enroll and that the class is filled upon receipt of the Enrollment Agreement with tuition deposit (\$250.00), and not this original application.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

revised 06/14/17