

Commercial Pilot Workshop Noncredit Registration Form

Index # 108700

EXCELLENCE in Action

Name

Permanent Address

Home Phone

Cell Phone

E-Mail

Date of Birth

Country of Citizenship

The College of Continuing Studies
Kent State University
P. O. Box 5190
Kent, Ohio 44242-0001
USA
330-672-3100
330-672-2079 (fax)
ccsreg@kent.edu



Kent State University International Graduate Application

P. O. Box 5190, KENT OH 44242-0001, USA

Application fee: \$60

Type or print in english only

Name _____ U.S. Social Security Number _____
(Last-Family) (First) (Other Names) (Please leave blank if not assigned)

E-mail _____ Fax _____

Permanent Address _____ Phone _____

City _____ State or Province _____ Zip/Postal Code _____ Country _____

How long at the above address? _____ years _____ months Date of Birth _____

Present Address _____ Phone _____

City _____ State or Province _____ Zip/Postal Code _____ Country _____

This application is for the following degree:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Doctor of Philosophy | <input type="checkbox"/> Master of Liberal Studies | <input type="checkbox"/> Educational Specialist | <input type="checkbox"/> Master of Science in Nursing |
| <input type="checkbox"/> Master of Arts | <input type="checkbox"/> Master of Library Science | <input type="checkbox"/> Master of Education | <input type="checkbox"/> Master of Business Administration |
| <input type="checkbox"/> Master of Architecture | <input type="checkbox"/> Master of Public Administration | <input type="checkbox"/> Master of Music | |
| <input type="checkbox"/> Master of Fine Arts | <input type="checkbox"/> Master of Science | | |

Proposed department _____ Area of concentration within department _____

Probable enrollment date _____ / _____ Full-time _____ Part-time _____ Male Female
(semester) (year)

Have you ever applied to any of the Kent State University Graduate Schools before? Yes No

Educational Background	From mo./yr.	To mo./yr.	Actual Name of Degree or diploma (do not translate)	Date Re- cieved or expected mo./yr.	Major
List all the schools you attended after you graduated from secondary school (list most recent first) Name of College or University and Location					
1.					
2.					
3.					
4.					
5.					

Undergraduate Major _____ Undergraduate Minor _____

Languages read other than English _____

Native language _____ Number of years of speaking English _____

Present Employer _____ Address _____ Phone _____

Names, titles, and addresses of three persons who are sending letters of recommendation.

1. _____
2. _____
3. _____

List below test(s) taken, i.e., TOEFL, GRE, MAT, GMAT, Other:
STANDARD ADMISSION TEST

LATEST DATE TAKEN (or to be taken)

Are you a U.S. Citizen? Yes No [If no, visa type _____ Refugee/Asylee Other _____
(PLEASE PROVIDE DOCUMENTATION THAT SUPPORTS YOUR IMMIGRATION STATUS)

If Permanent Resident, Card No. _____ Date Granted _____
(PLEASE PROVIDE DOCUMENTATION THAT SUPPORTS YOUR IMMIGRATION STATUS)

Country of Citizenship _____ Country of Birth _____

Date _____ Signature _____



Premier Flight Academy, Ltd

**Premier Flight Academy
International Student Application for Admissions**

► **Please attach a current photo to this application form before mailing to Premier Flight Academy for processing.**

General Information

Social Security Number (if applicable) _____

Passport Information

Passport Number _____

Issuing Country _____ Expiration Date _____

Full name as it appears on your passport (Do not abbreviate)

Last/Family Name/Surname _____

First Name _____ Middle Name _____

Permanent Mailing Address in India

Street _____

City _____ State _____ Country _____

Current Mailing Address (if different)

Street _____

City _____ State _____ Country _____

Name and Address of a Contact Person or Relative in either United States or Canada

Name: _____

Street _____ City _____

Province/State _____ Country _____

Daytime Phone Number (_____) _____

(extension) _____

Evening Phone Number (_____) _____

Personal Information



Premier Flight Academy, Ltd

Please check:

Male Female Married Single

Date of Birth _____ / _____ / _____
Month Day Year

_____/_____
City of birth Country of birth

Country of citizenship

Student Visa (Passport Expiration Date)
_____/_____/_____

Other Visa Type (specify): _____

Is English Your Native Language?

Yes
 No (Specify native language) _____

TOEFL Score _____

Health Care Information

Health Care Provider _____

Proof of Dates of Immunization _____

Name of Power of Attorney _____

Power of Attorney Contact Information

Street _____

City _____ State/Province _____

Country _____

Daytime Phone Number (_____) _____

(extension) _____

Evening Phone Number (_____) _____

Program of Study

Intended Program of Study

Commercial Pilot –Airplane /Multi-engine

Airline Transition

1535 Exeter Road, Akron, Ohio 44306

www.premierflightacademy.com



Premier Flight Academy, Ltd

Type Rating Primer

Prior Education Verification

Please provide names under which you were enrolled at previous educational institutions:

Maiden / Former Names _____

Secondary or High School Information

You must provide an official transcript(s), reflecting high school graduation, to: *Premier Flight Academy, 1535 Exeter Road, Akron, Ohio 44306*

An official transcript is one that is sent directly from your issuing institution to Premier Flight Academy or hand carried in a sealed envelope from the institution. Official transcripts / records from schools outside the U.S. must be translated into English and evaluated by an official evaluation service.

Primary High School last attended:

Name of High School _____

_____/_____/_____
City State Country

Type of Diploma:

Standard High School Diploma

Special Diploma

Certificate of Completion

College Ready Diploma

GED (_____/_____)
State Agency Issuing GED

Graduation Date

_____/_____/_____
Month Date Year

Students with a special diploma or certificate of completion must earn a GED before initiating training.

College and University Information

1535 Exeter Road, Akron, Ohio 44306
www.premierflightacademy.com



Premier Flight Academy, Ltd

You must provide an official transcript(s), reflecting high school graduation, to: *Premier Flight Academy, 1535 Exeter Road, Akron, Ohio 44306*. An official transcript is one that is sent directly from your issuing institution to Premier Flight Academy or hand carried in a sealed envelope from the institution. Official transcripts/records from schools outside the U.S. must be translated into English and evaluated by an official evaluation service.

List all colleges and universities previously attended

Name of College/University	City/State/Country	Attended From	Attended To	Degree(s) Earned
1.				
2.				

Previous Flight Training

You must present your logbooks plus any training records from previous flight schools. If not in English, logbooks and/or training records must be accompanied by an English translation.

Name of Flight School _____

City/State or Province/Country _____

Single Engine Hours Multi Engine Hours License / Ratings _____

E-mail Address _____

Emergency Contact in the United States or Canada

Full Name _____

Relationship _____ Phone _____

Street Address _____ City _____

State _____ Zip _____

Emergency Contact (Foreign)

Name _____

Relationship _____ Phone _____

Street Address _____ City _____

State/Province _____ Country _____

Verification Statement

Attendance at Premier Flight Academy is a privilege and in order to maintain the Academy's ideals of character, scholarship and training, the Academy reserves the right to require the withdrawal of any student at any time for violating any Academy policy or procedure or for violating any local, State, or federal law. By registering, each student assumes the responsibility to become familiar with and

1535 Exeter Road, Akron, Ohio 44306
www.premierflightacademy.com



Premier Flight Academy, Ltd

abide by the general regulations and rules of conduct. Rules of conduct are outlined in Premier Flight Academy's Operations Manual. Premier Flight Academy is an equal opportunity admissions institution. Admission to Academy is made without regard to age, color, religion, or national origin.

I Certify that all of the information given on the application is complete and accurate. I understand that any misrepresentation of facts may result in the immediate cancellation of my registration and my enrollment.

I Understand and Agree to provide proper documentation to support my International Student Application. **I understand and agree** that my failure to provide required documentation will result in a delay of my admissions process.

I Certify that I will abide by Premier Flight Academy's Drug Free Policy that requires the applicant to pledge not to possess, sell, purchase, deliver, use, manufacture or distribute illegal drugs or controlled substances while present on the campus, in attendance at Premier Flight Academy sponsored event, or during my stay in the United States for flight training.

Applicant Signature

Date

Parent or Guardian Signature (if under 18 years of age)

Date

Affidavit of Financial Support

This is to verify that I, _____, will be responsible for
(Sponsor's Name Print and Signature)
the educational expenses of

_____, in the amount of
(Student's Name Printed and Student's Signature)

\$ _____ while he/she is attending school in the U.S.A.

1535 Exeter Road, Akron, Ohio 44306
www.premierflightacademy.com



Premier Flight Academy, Ltd

Date _____

Sponsor's Name (Please Print)

Sponsor's Signature

Relationship to Student

Must Provide A Bank Letter Stating Financial Account Total in U.S. Dollars or Equivalent.

Dependents: If you are married and your spouse and/or children will be accompanying you, please list the following information. You will also be required to provide a marriage certificate and/or a birth certificate(s) and an additional U.S. \$6,000.00 per dependent should be added to your Declaration of Finances total.

Sponsor Information

Last/Family Name/Surname _____

First Name _____ Middle Name _____

Date of Birth _____ / _____ / _____
Month Day Year

City of birth Country of birth

Country of citizenship

Relationship to Student _____
