



ENROLLMENT APPLICATION

51 John Glenn Drive
 Concord CA 94520
www.pacificstatesaviation.com

International Student Enrollment Fees	
* fields marked with an asterisk below are non-refundable	
*Application Fee	\$300
Flight School Deposit	\$4,000

SECTION 1 – GENERAL INFORMATION (TO BE COMPLETED BY ALL APPLICANTS) * fields marked with an asterisk below are required		
* Last Name (Family Name):	* Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
* First Name:	Middle Name:	Suffix:
Occupation:	Referred by:	
* Date of Birth: (Mo/Day/Yr) / /	* Email Address:	
* Country of Birth:		
* Permanent Mailing Address:		
* City:	* State/Province:	* Zip Code:
* Daytime Phone Number:	Evening Phone Number:	Fax:
Local Address (California):		
City:	* Zip Code:	
Local Phone Number:		
Name of Emergency Contact:	Relationship:	
Permanent Mailing Address:		
City:	State/Province:	Zip Code:
* Daytime Phone Number:	Evening Phone Number:	
Driver's License:	State of Issuance:	Social Security Number:
* U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	* U.S. Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Passport Number:
Courses applying for:		
Preferred Start Date: (Mo/Day/Yr) / /		



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SECTION 2 – AVIATION EXPERIENCE (TO BE COMPLETED BY ALL APPLICANTS)		
FAA Exams Passed:		
Certificate and Ratings Held:		
Issuing Country (if outside the U.S.):		
Do you currently hold an FAA Medical Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes:	Medical Class:	Date Issued: / /
Flight Hours (Pilot's Only) :	FAA Approved Flight School Hours: Dual:	Solo:
Civilian Employment (Related to Aviation):		
Military Experience (Related to Aviation):		

SECTION 3 – TO BE COMPLETED BY INTERNATIONAL APPLICANTS		
Country of Citizenship:		
Legal Permanent Resident of (country):		
Passport Number:	Issued By:	Expires:
Have you ever participated in an Exchange Visitor Program before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what was the duration of your stay?		
Are you a native English speaker? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, do you read and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you received any assistance from one of our agents? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list their name here:		
Highest Education Completed: <input type="checkbox"/> High School <input type="checkbox"/> Technical School <input type="checkbox"/> University/College		
Date Completed: (Mo/Day/Yr) : / /		
Name:		
City:	State:	Country (if outside U.S.):



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SECTION 4 – ADDITIONAL ITEMS SPECIFIC TO INTERNATIONAL STUDENTS	
<input type="checkbox"/>	Mark this box if you are including a copy of either a Birth Certificate (Registration of Birth) or Current Passport with this Application
<input type="checkbox"/>	Mark this box if you are including proof of funds (such as a copy of your bank statement) with this Application, reflecting adequate funds to cover tuition and living expenses. This is a requirement of the SEVIS Program.
<input type="checkbox"/>	Mark this box if you are including evidence of your ability to speak English. Non-native English speakers must submit evidence of having completed at least four years of high school level or one year of university level English classes or a certified copy of a TOEFL with test result indicating a score of at least 500.
<input type="checkbox"/>	Mark this box if you including with this application a current copy of your Class I or II Medical Certificate.
<input type="checkbox"/>	Mark this box if you need housing during your course of study.
<input type="checkbox"/>	Mark this box if you require a visa for your spouse and/or family? Please complete a separate Application for each person requiring a Visa.

I certify that the above information is correct to the best of my knowledge:

Signed: _____

Date: _____

PSA use only:	Application received date: _____	Initials/ Date: _____
	Applicant Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials/ Date: _____
	Evidence of Sufficient Funds Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials/ Date: _____