

Application Form for Student Enrollment (FLYING SCHOOL)



COURSE SELECTION

- | | | |
|------------------------------|-------|--------------------------|
| (1) Private Pilot License | (PPL) | <input type="checkbox"/> |
| (2) Commercial Pilot License | (CPL) | <input type="checkbox"/> |
| (3) Multi-Engine Rating | (ME) | <input type="checkbox"/> |
| (4) Instrument Rating | (IR) | <input type="checkbox"/> |
| (5) CPL / ME/ IR | | <input type="checkbox"/> |
| (6) Multi-Crew Corporation | (MCC) | <input type="checkbox"/> |

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THE APPLICATION FORM

- (1) Applications are to be completed in English by the applicants themselves.
- (2) Use black ink only. Please follow the notes carefully and complete all questions as indicated.
- (3) Incomplete applications will not be considered.
- (4) The following documents are to be provided with the application.
 - (a) Attested true copy of school certificate or its equivalent by the appropriate authorities.
 - (b) A photocopy of the applicant's valid passport.
 - (c) Four recent, colored, passport-sized photographs.
 - (d) NCAA class 1 medical certificate (Please refer to course brochure for approved medical center).
- (5) Submitting an application does not in any way mean that an applicant is admitted to International Aviation College (IAC).
- (6) Qualified applicants will be notified in writing or through publication in (2) national newspapers after completing the short listing procedure, and an official evaluation of their credentials. Short listed applicants will undergo Aptitude tests, on the college campus.
- (7) Admission is only valid for the Academic semester for which the Student applies.
- (8) All documents submitted in support of an application become the property of the College.
- (9) Submit four (4) photocopies of completed form.
- (10) Fully completed form should be submitted in our college campus office, Ilorin. The final submission deadline will be announced.
- (10) The Application Fee is non refundable.

GENERAL INFORMATION

(1) Date Day Month Year

(2) Given Name(s)

(3) Family Name (as shown in your identification)

(4) Other Name (including any other names you are known by and/or any other names that you have been known by)

(Put a cross (x) in the relevant box) (5) Age (6) Sex Male Female

(7) Marital Status Single Married/Civil Partner Unmarried/Partner

Divorced/Dissolved Partnership Separated Widowed

(8) Date of Birth D D M M Y Y Y Y (9) Place of Birth

(10) State of Origin (11) Country

(12) International Student (indicate home country)

(13) Others (please describe)

(14) Children Yes No

(15) Permanent Address

(17) Home Phone May we leave a message at this number? Yes No

(18) Cell Phone May we leave a message at this number? Yes No

(19) E-Mail Address

RACE (Put a cross (x) in the relevant box)

(20) African Asian Arabian Caucasian Indian

Others (please describe)

EMERGENCY CONTACT

(21) Name Next of Kin Name Next of Kin

Address of Next of kin Address of Next of kin

Telephone Telephone

Email address Email address

FAMILY INFORMATION

(Please indicate information on your immediate family)

| (22) Name of Parents | Occupation | Marital Status | Age | Telephone |
|----------------------|------------|----------------|-------|-----------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |

| (23) Name Siblings | Occupation | Marital Status | Age | Telephone |
|--------------------|------------|----------------|-------|-----------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

ACADEMIC INFORMATION

(24) Secondary Education

(Please provide details of all education that you have successfully completed or part-completed.)

| Title of Course | Name of Institution / School | Years (from/to) | Completed | Results |
|-----------------|------------------------------|-----------------|-----------|---------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ | _____ |

(25) Post-secondary Education (College or University studies)

(Please provide details of all education that you have successfully completed or part-completed)

| Title of Course | Name of Institution / School | Years from/to | Completed | Results |
|-----------------|------------------------------|---------------|-----------|---------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

(26) GPA (cum) GPA (last semester)

FINANCE

(27) How Do You Plan To Finance Your Education?

Self Sponsor Parent/Guardian Company Sponsor Government Sponsor Others

Details of Others

EMPLOYMENT STATUS (Put a cross (x) in the relevant box)

(28) Part-time Full-time Not Currently Working No. of hours/week

(29) Employer's Name (30) For how long? Years Months

LIFESTYLE:

(31) Social (organizations, volunteer work, etc.)

(32) Recreational (sports, exercise, etc)

(33) Hobbies (crafts, collections, etc.)

REFERENCES

(Referees should not be family members) Please identify 2 persons who can provide information on your character, and confirm the information you have provided.

(34) Family Name Family Name

First Name(s) First Name(s)

Address Address

Telephone Number Telephone Number

Email address Email address

HOW DID YOU LEARN ABOUT THE INTERNATIONAL AVIATION COLLEGE

(Put a cross (x) in the relevant box)

(35) Friend Referral Faculty/Staff Parent Website

Flyer/Brochure Facebook /Twitter / Social Orientation Others

Others

DO YOU HAVE ANY RELATION IN INTERNATIONAL AVIATION COLLEGE

(36) Parent Uncle Aunty Cousin Nephew Friend others

Others

DECLARATION

(to be signed by the applicant)

- (1) I accept that if, completing this application, I knowingly or carelessly provided untrue or incomplete information,
 - (a) Any offer of admission, whether accepted or not, may be withdrawn by International Aviation College;
 - (b) I may be required to withdraw from any course in which I am enrolled.
- (2) I agree that International Aviation College may verify the information provided by contacting the relevant institution or any secondary or post-secondary institutions listed above.
- (3) I confirm that all the information provided in this application is correct.

(4) I have read the section concerning cancellation, withdrawal and refunds and declare that I understand and accept the terms and conditions therein. I agree that if the College accepts my application I will commence the course of training and make payments according to the payment schedule.

(5) I hereby give the College permission to pass my relevant information concerning any results and progress at the College to my sponsor

Signature of Applicant Date

Signature of Parent, legal guardian or sponsor (if Applicable) Date

SUBMISSION DATE

Submission Date / Stamp Day Month Year

FOR OFFICIAL USE ONLY

MEDICAL

NCAA Class 1 medical certificate

NCAA Class 2 medical certificate

Comment Area for Medical

ACKNOWLEDGMENT

Program Development Manager Name Signature

Deputy Rector Acknowledgement Signature Stamp

Submission Date Day Month Year

SCHOOL FEES

Currency Denominate Naira Dollar Pound Sterling

Type of Payment Amount Due Amount Being Paid Outstanding Balance

Tuition Fee

Administration Fee

Accommodation Fee

TOTAL FEES

APTITUDE AND ABILITY TESTS

| | | | | | | | | | |
|-----------------------------|----------------------|---|------|----------------------|------------------------|----------------------|---|------|----------------------|
| Psychometric Test Score | <input type="text"/> | % | Date | <input type="text"/> | Personality Test Score | <input type="text"/> | % | Date | <input type="text"/> |
| Simulator/Flying Test Score | <input type="text"/> | % | Date | <input type="text"/> | Interview Test Score | <input type="text"/> | % | Date | <input type="text"/> |
| Written Test | <input type="text"/> | % | Date | <input type="text"/> | | | | | |

Interview Comments:

Accepted Not accepted Conditional

MANAGEMENT APPROVAL

| | | | | | |
|---|----------------------|-----------|----------------------|------|----------------------|
| Director of Business Development (name) | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> |
| Head of Training (name) | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> |
| Bursar (name) | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> |
| Registrar (name) | <input type="text"/> | Signature | <input type="text"/> | Date | <input type="text"/> |

NOTES

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Records
Personal
For
Keep
And
Off
Tear
To
Student

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