

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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHOOL FEES

Currency Denominate Naira ☐ Dollar ☐ Pound Sterling ☐

Type of Payment	Amount Due	Amount Being Paid	Outstanding Balance
Tuition Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Administration Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accommodation Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL FEES	<input type="text"/>	<input type="text"/>	<input type="text"/>

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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(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 (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