



INTERNATIONAL STUDENT ENROLLMENT AGREEMENT

I, _____, Address _____,

Date of Birth _____, desire to enroll in the

following flight and/or ground school course or courses: _____

_____.

Tuition

Books

Schedule

Length of Course

20 hours a Week/Arranged

Projected Graduation Date

I understand that my entry into this program of study will require a minimum of 20 hours a week to maintain a full time status as required under my student VISA.

I further understand that if I terminate this program of study, I will not be able to retain my student VISA. A course refund will be Pro-Rated payable within 30 days of termination. A \$200.00 registration fee will be assessed out of the \$2,500.00 Tuition Deposit if the student terminates prior to starting the course.

I understand that upon entry into this course of study that I will need to obtain a medical examination by a Flight Surgeon and receive a Class II Medical Certificate.

Completion of the above training will be with current payments. Neither the company nor any representative can guarantee that the enrollee will achieve the certificate or rating for which he enrolls.

I have read and understand the rental agreement provided to me, and do agree to all terms and conditions stated.

In addition, I have received a copy of the aircraft rental agreement, flight safety rules, operating rules and regulations, and Catalog.

Signed by: _____

Date: _____

School Official Signature: _____