



International Student Enrollment Agreement

I, _____, born on _____,
(Name) (Birth date)
and residing at _____,
(Address)
desire to enroll in the following flight and/or ground school course or courses:

_____.

Tuition/Fees	_____
Books	_____
Schedule	<u>25 hours per week/Arranged</u>
Length of Course	_____
Projected Graduation Date	_____

I understand that my entry into this program of study will require a minimum of 25 hours per 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 and payable within 60 days of termination. Any funds on deposit will be refunded within 60 days. A \$200.00 registration fee will be assessed out of the \$1,500.00 deposit whether the student begins training or not.

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

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

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 "Renter's Operating Guidelines, Rules and Regulations", and a college catalog.

Signed by: _____ **Date:** _____

School Official Signature: _____