

# International Student Application for Admissions

## General Information

Social Security Number \_\_\_\_\_

Passport Number \_\_\_\_\_

Full name as it appears on your passport (**Do not Abbreviate**)

Last/Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

## Passport

Number \_\_\_\_\_ Issuing Country: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Passport Number \_\_\_\_\_

## U.S. Mailing Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Foreign Mailing Address (Must be Included)

Street \_\_\_\_\_ City \_\_\_\_\_ Province/State \_\_\_\_\_ Country \_\_\_\_\_  
 Zip \_\_\_\_\_

Day Time Phone Number

Evening Telephone Number

(\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Race/Ethnic Background

Marital Status

Gender

- African American
- American Indian / Alaskan Native
- Asian / Pacific Islander
- Caucasian
- Hispanic

\_\_\_\_ Married  
 \_\_\_\_ Single

\_\_\_\_ Male  
 \_\_\_\_ Female

Date of Birth

City of Birth

Country of Birth

Country of Citizenship

Month/Day/ Year

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Current Address in the United States** \_\_\_\_\_

Car License Plate Number in United States \_\_\_\_\_

**Current Photo Please send to Daedalus Aviation Academy with your application**

**Month and Year you plan to attend**

Month \_\_\_\_\_ Year \_\_\_\_\_

Health Care Provider \_\_\_\_\_

Must show proof of having Health Care Coverage \_\_\_\_\_

Who is your power of Attorney? \_\_\_\_\_

Contact number for Your Power of Attorney? \_\_\_\_\_

Address for your Power of Attorney? \_\_\_\_\_

City \_\_\_\_\_ State / Providence \_\_\_\_\_

Country \_\_\_\_\_

Intended Program of Study

- Commercial Pilot –Airplane /Multi-engine
- Airline Transition
- Type Rating Primer

**Citizenship**

Student Visa (Passport Expiration Date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Other Visa Type (specify): \_\_\_\_\_

**Is English Your Native Language?**

- Yes
- No (Specify native language) \_\_\_\_\_

**TOFO Score** \_\_\_\_\_

**Previous Education Verification**

Please provide names under which you were enrolled at previous educational institutions:

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Maiden / Former Names

**High School Information**

You must provide an official transcript(s) reflecting high school graduation sent to: *Daedalus Aviation Academy, 5150 Front Range Parkway, Watkins, Colorado 80137*. An official transcript is one that is sent directly from your issuing institution to Daedalus Aviation or hand carried in a sealed envelope from the institution. Official transcripts / records from schools outside the U.S. must be translated into English and evaluated by an official evaluation service.

**Name of (Primary) High School last attended:**


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Name of High School

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City

State

Country

**Type of Diploma:**

- Standard High School Diploma
- Special Diploma
- Certificate of Completion
- College Ready Diploma
- GED ( \_\_\_\_\_ )  
State / Agency GED issued by

Graduation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Date Year

Students with a special diploma or certificate of completion must earn a GED before initiating training.

**College and University Information:**

You must provide an official transcript(s) reflecting high school graduation sent to: *Daedalus Aviation Academy, 5150 Front Range Parkway, Watkins, Colorado 80137*. An official transcript is one that is sent directly from your issuing institution to Daedalus Aviation or hand carried in a sealed envelope from the institution. Official transcripts / records from schools outside the U.S. must be translated into English and evaluated by an official evaluation service.

**List all colleges and universities previously attended**

Name of College / University	City	State/ Country	Attended From	Attended To	Degree Earned	Date Earned

**Previous Flight Training**

You must present your logbooks plus any training records from previous flight schools. If not in English, logbooks and / training records must be accompanied by an English translation.

Name of School	Country	Single Engine Hours	Multi Engine Hours	License / Ratings

**Email Address:** \_\_\_\_\_

**Emergency Contact (Local)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact (Foreign)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Verification Statement:**

Attendance at Daedalus Aviation Academy is a privilege and in order to maintain the Academy’s ideals of character, scholarship and training, the Academy reserves the right to require the withdrawal of any student at any time for violating and Academy policy or procedure or for violating and local, State, or federal law. By registering, each student assumes the responsibility to become familiar with and to abide by the general regulations and rules of conduct. Rules of conduct are outlined in Daedalus Aviation’s Operations Manual.

Daedalus Aviation Academy is an equal opportunity, open admissions institution. Admission to Academy is made without regard to age, color, religion, or national origin.

**I Certify** that all of the information given on the application is complete and accurate. I understand that any misrepresentation of facts may result in the immediate cancellation of my registration and my credit(s) earned.

**I Understand and Agree** to provide proper documentation to support my International Student Application. **I understand and agree** that my failure to provide required documentation will result in a delay of my admissions process.

**I Certify** that I will abide by Daedalus Aviation’s Drug Free Policy that requires the applicant to pledge not to possess, sell, purchase , deliver, use , manufacture or distribute illegal drugs or controlled substances while present on the campus, in attendance at Daedalus Aviation sponsored event, or during my stay in the United States for flight training.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian (if under 18) Signature

\_\_\_\_\_  
Date

# Affidavit of Financial Support

This is to verify that I, \_\_\_\_\_, will be responsible for  
(Sponsor's Name Print and Signature)

the educational expenses of \_\_\_\_\_, in the amount of  
(Student's Name Print and Signature)

\$ \_\_\_\_\_ while he/she is attending school in the U.S.A.

Date: \_\_\_\_\_

\_\_\_\_\_  
Sponsor's Name ( Please Print)

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Relationship to Student

## Must Provide A Bank Letter Stating Financial Account Total in U.S. Dollars of Equivalent.

**Dependents:** If you are married and your spouse and/or children will be coming with you, please list the following information. You will also be required to provide a marriage certificate and/or a birth certificate(s) and an additional U.S. \$ 6,000.00 per dependent should be added to your Declaration of Finances total.

Last/Family Name	First Name	Date of Birth Month/ Date / Year	Relationship to Student	Country of Birth / Citizenship