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International Student Application

Name _____

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Email _____ Mobile _____

Citizenship _____ Date of Birth mm/dd/yyyy _____

Passport Number _____ Country Passport was Issued _____

Desired Start of Training Date _____

What Course of Training do you wish to Enroll? _____

Please fill out form and send it to fly@academyofaviation.com or fax it to 631-777-7787 or mail it to:

Academy of Aviation, LLC
7150 Republic Airport Room 101
Farmingdale, New York 11735 USA

Phone: 631-777-7772 Fax: 631-777-7787 Email fly@academyofaviation.com