



**International Student Nonimmigrant Visa Application M-1**

Surname/Last Name: (as in passport)		Fist, Middle Name: (as in passport)	
Date of Birth: (mm-dd-yyyy)	Nationality:	Place of Birth: (City, Country, State/Province)	
Country of Citizenship:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	E-Mail Address:
Home Address (Foreign Mailing Address): (street, street number, apartment number)			
Home Address (Foreign Mailing Address): (city)	Home Address (Foreign Mailing Address): (state or province)	Home Address (Foreign Mailing Address): (postal code)	Home Address (Foreign Mailing Address): (country)
U.S. Mailing Address, if known: (Include street, street number, city, state postal code)			
Home Telephone Number:	Business Phone Number:	Mobile/ Cellphone Number:	Fax Number:
Passport Number:	Issuing Country:	Issuance Date: (mm-dd-yyyy)	Expiration Date: (mm-dd-yyyy)
Name and Address of Present Employer or School:		Present Occupation:	Date of Arrival in the U.S.?
Have you ever been issued a U.S. Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ Where? _____ What type of Visa? _____		Have you ever been refused a U.S. Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ Where? _____ What type of Visa? _____	
Has your U.S. Visa ever been cancelled or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		Who is paying for your flight training?	

**Program Selection. Please choose the course(s) you would like to complete:**

Private Pilot 8 Weeks <input type="checkbox"/>	Instrument 8 Weeks <input type="checkbox"/>	Commercial 10 Weeks <input type="checkbox"/>	CFI 6 Weeks <input type="checkbox"/>
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**Emergency Contact:**

Name:	Relationship:	Phone Number:	Address:
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**Previous Flight Training:**

Name of School:	Country:	Single Engine Hours:	Multi Engine Hours:
Name of School:	Country:	Single Engine Hours:	Multi Engine Hours:



## I-20 Shipping Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Province or Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

## Arrival and Housing:

Will you require student housing?  Yes  No

Estimated arrival date: \_\_\_\_\_

## VERIFICATION STATEMENT:

Attendance at Red Arrow Flight 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 any Academy policy or procedure or for violating any 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 the Safety Procedures and Practices and other Red Arrow published documents. Red Arrow Flight Academy is an equal opportunity, open admissions institution. Admission to the Academy is made without regard to age, gender, color, religion, orientation or national origin.

**I CERTIFY** that all of the information given on this 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** that I will be bound by the Academy's regulations as published in the Safety Procedures and Practices and other published documents.

**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 Red Arrow Flight Academy'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 or in attendance at any Academy sponsored event.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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