

Application for Flight Status

Last Name	First Name	Middle Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Social Security Number [Required]	Student Number
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Mailing Address	City	State	Zip Code
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Country of Citizenship	Email Address
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Home Phone	Mobile Phone	Best time to call
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Have you applied for admission to Eastern Michigan University: Yes No

I am applying for: Fall (Sept.-Dec.) Winter (Jan.-Apr.) Spring (May-June) Summer (July-Aug.)

I will be: Freshman Transfer Dual enrolled Second Bachelor's

When would you like to start training: _____

Certificates and/or ratings: None Private Instrument Commercial Multi-Engine CFI CFII MEI

Ground Schools Completed: None Private Instrument Commercial

Emergency Contact:

Last Name	First Name	Relationship
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Mailing Address	City	State	Zip Code
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Home Phone	Mobile Phone	Work Phone
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Name of Company

I certify that all the information in this application is complete and accurate to the best of my knowledge. I understand that misrepresentation or omission of any information may be cause for denial of, or cancellation of, admission; or may result in my being suspended or dismissed from Eagle Flight Centre.

Signature of Applicant	Date
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Drug Test Notification to Prospective Students

As required by Eastern Michigan University and Eagle Flight Centre's policy and in accordance with applicable Federal Aviation Administration (FAA) and/or Department of Transportation (DOY) regulations, all prospective students will be urine tested for various drugs, including, but not limited to, the five (5) specific classes of drugs listed below. There is a fee for this test. Enrollment and continued training is contingent upon verified negative test results within the guidelines set for each substance by the Federal government.

MARIJUANA AMPHETAMINES COCAINE PHENCYCLIDINE (PCP) OPIATES

All such students and employees are subject to drug and alcohol testing and regulations under Eastern Michigan University and Eagle Flight Centre's Alcohol/Drug Testing Policy, which calls for random, post-accident, post-incident, follow up and/or periodic drug testing, whether or not EFC has reasonable suspicion for such testing.

Students Signature

Student's Printed Name

Date

Information Release

I, _____ authorize Eastern Michigan University and Eagle Flight Centre to disclose and release to one another and to each of their departments and affiliates, all information relating in any way to (i) my academic status and performance; (ii) my conduct and any disciplinary actions; (iii) my financial and financial aid status and (iv) drug and alcohol tests I have taken. (All of the foregoing information is referred to in this Information Release as "Personal Information.") The personal information that you are authorizing to disclose and release includes, but is not limited to, my course status, course grades, eligibility for and availability of financial aid, payment information and history, disciplinary records, m drug and alcohol test results, and any other information relevant to my participation in the Eastern Michigan University Aviation Technology program.

Unless the box below is checked, Eastern Michigan University, Eagle Flight Centre, LLC and each of their departments and affiliates are authorized to disclose and release my personal information to my parents or any family member; spouse; prospective employers; and government agency seeking background check.

Name of Parent, Guardian, or Spouse

Relationship

Mailing Address

City

State

Zip Code

- DO NOT RELEASE MY PERSONAL INFORMATION TO MY PARENTS OR ANY FAMILY MEMBER**
- DO NOT RELEASE MY PERSONAL INFORMATION TO MY SPOUSE**
- DO NOT RELEASE MY PERSONAL INFORMATION TO ANY GOVERNMENT AGENCY REQUESTING BACKGROUND INFORMATION**
- DO NOT RELEASE MY PERSONAL INFORMATION TO A PROSPECTIVE EMPLOYER**

Students Signature

Student's Printed Name

Date