

E | AVIATION

Eagle Flight Information Page

Last Name	First Name	Middle Name	E-ID Student Number
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number [Required]	Country of Citizenship	Mobile Phone	
Mailing Address	City	State	Zip Code
Personal Email Address	Emich Email Address		

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

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	
Mailing Address	City	State	Zip Code
Mobile Phone	Email Address	Work Phone	

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	Printed Name	Date
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