



SEVP Student Application

www.corporatehelicopters.com peter@corporatehelicopters.com

Students applying for admission to a flight training program with Corporate Helicopters require an I-20 for an M-1 VISA and must complete all items below and return this application to Corporate Helicopters by e-mail: peter@corporatehelicopters.com. All items must be typed or printed clearly and legibly or the application will not be processed. If items marked with an asterisk (*) do not apply to you, please enter N/A.

ISSUE REASON (CHECK ONE): INITIAL ATTENDANCE CHANGE OF STATUS

SECTION A: PERSONAL INFORMATION

FAMILY NAME:		FIRST NAME:	
MIDDLE NAME:	DATE OF BIRTH:	GENDER:	WEIGHT:
COUNTRY OF BIRTH:		COUNTRY OF CITIZENSHIP:	
FOREIGN ADDRESS:			
U.S ADDRESS (where you will be living during training):			
FOREIGN PHONE NUMBER:		LOCAL PHONE NUMBER:	
E-MAIL ADDRESS:		MOBILE PHONE NUMBER:	
PASSPORT ISSUING COUNTRY:		PASSPORT NUMBER:	
*PILOT'S CERTIFICATE NUMBER:			
*DRIVER'S LICENSE NUMBER:		*DRIVER'S LICENSE ISSUING STATE:	
EMERGENCY CONTACT:	RELATIONSHIP:	ADDRESS:	
YOUR HEALTH STATUS:	IS THERE ANY REASON YOU WOULD BE DENIED ADMISSION TO THE FLIGHT TRAINING PROGRAM OR VISA PROCESSING? IF YES, PLEASE EXPLAIN:		

SECTION B: DEPENDANT INFORMATION*

Complete this section only if you are applying to have a dependant living with you during your stay in the US.

DEPENDANT FAMILY NAME:		DEPENDANT FIRST NAME:	
DEPENDANT MIDDLE NAME:	DATE OF BIRTH: / /	GENDER:	
COUNTRY OF BIRTH:	COUNTRY OF CITIZENSHIP:	RELATIONSHIP:	

SECTION C: PILOT / PROGRAM INFORMATION

HAVE YOU FLOWN A HELICOPTER?	HOW MANY HOURS IN A R-22?	HOW MANY HOURS IN A R-44?
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I AM APPLYING FOR THE FOLLOWING COURSES (check all that apply):

PROFESSIONAL CAREER TRAINING (Private, Instrument, Commercial, Certified Flight Instructor, Certified Flight Instructor, Instrument)
 PRIVATE PILOT INSTRUMENT RATING COMMERCIAL
 CERTIFIED FLIGHT INSTRUCTOR CERTIFIED FLIGHT INSTRUCTOR, INSTRUMENT

CERTIFICATED PILOTS ONLY *(please check all pilot certificates and ratings currently held):

STUDENT PILOT PRIVATE PILOT INSTRUMENT RATING ATP
 MULTI-ENGINE RATING COMMERCIAL PILOT FLIGHT INSTRUCTOR TYPE RATING

Date first rated as a pilot _____ Medical Certificate Class _____ First _____ Second _____ Third _____
 Waivers / Limitations _____ Date of Last Biennial Flight Review _____
 Have you ever been involved in an aircraft accident? _____ Have you ever been sited for any FAR violation? _____
 Has your pilot certificate ever been revoked / suspended? _____ Do you have a renter's insurance policy in effect? _____

PREVIOUS FLIGHT AND GROUND EXPERIENCE:

School _____	Location _____	Course of Study _____
School _____	Location _____	Course of Study _____



SECTION C: PILOT / PROGRAM INFORMATION (cont.)

PROGRAM START DATE: _____ PROGRAM END DATE: _____

NORMAL LENGTH OF STUDY
 PROFESSIONAL CAREER TRAINING PROGRAM (PRIVATE, INSTRUMENT, COMMERCIAL/MULTI), 20 WEEKS, PRIVATE PILOT COURSE, 5 WEEKS,
 INSTRUMENT RATING COURSE, 4 WEEKS, COMMERCIAL PILOT COURSE, 8 WEEKS, FLIGHT INSTRUCTOR INTIAL COURSE, 3 WEEKS

PLEASE EXPLAIN YOUR CAREER GOALS IN AVIATION:

SECTION D: FINANCIAL INFORMATION

TUITION FEES: \$ _____	LIVING EXPENSES: \$ _____	DEPENDANT LIVING EXPENSES*: \$ _____
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OTHER COSTS: \$ _____	OTHER COSTS COMMENTS: _____
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DO YOU HAVETHE FUNDS AVAILABLE FOR TUITION AND LIVING EXPENSES?: YES NO
 IF YES, SPECIFY: STUDENT IS FUNDING: \$ _____ FUNDING FROM OTHER SOURCES: \$ _____
 EXPLAIN OTHER SOURCE: _____
 EXPLAIN METHOD OF PAYMENT TO BE USED (i.e. certified check, wire transfer, credit card (type)): _____
 CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____ CVC: _____
 * Application Fee of \$150 will be charged upon receipt and processing of this application. Your credit card information will only be used to processes the application fee of \$150.00.
 Your credit card information will not be shared or distributed with another party.

SECTION E: EDUCATION

PLEASE STATE YOUR HIGHEST LEVEL OF EDUCATION COMPLETED: _____

PLEASE INDICATE YOUR ENGLISH PROFICIENCY IN THE FOLLOWING AREAS (check one box for each area):

SPEAKING	Excellent (Fluent)	Above Average	Average	Below Average	Poor	WRITING	Excellent (Fluent)	Above Average	Average	Below Average	Poor
Average	Below Average	Poor	READING	Excellent (Fluent)	Above Average	Average	Below Average	Poor			

HAVE YOU PASSED A TOEFL OR ENGLISH EQUIVALENCY TEST? YES NO
 IF YES, STATE TYPE OF TEST AND DATE TAKEN _____

I certify that the above information is true and correct to the best of my knowledge. If it is determined that any information has been knowingly falsified, I understand that my flight training privileges may be immediately terminated.

Signed _____
 Dated _____

OFFICE USE

STUDENT ACCEPTED FOR TRAINING	Date	/ /
APPLICATION FEE RECEIVED	Date	/ /
SEVIS APPLICATION COMPLETE	Date	/ /
DATABASE ENTRY COMPLETE	Date	/ /