



International Student Nonimmigrant Visa Application

M-1

| | | | | |
|---|--|--|------------------------------|-----------------|
| Surname/ Last Name: (as in passport) | | First , middle name: (as in passport) | | |
| Date of Birth: (dd-mm-year) | Nationality: | Place of birth: | 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): (apartment number, street) | | | | |
| Home Address (Foreign Mailing Address): (city, state or province) | | Home Address (Foreign Mailing Address): (postal zone and country) | | |
| U.S. Mailing Address, if known: (Include apartment number, street, city, state or province, postal zone and country) | | | | |
| Home Telephone Number: | Business Phone Number: | Mobile / Cell Number: | Fax Number: | |
| Passport Number: | Issuing Country: | Issuance Date (dd-mm-year) | Expiration Date (dd-mm-year) | |
| Name and address of Present Employer or School Name: | | Present Occupation: | Date of Arrival in the US? | |
| Have you ever been issued a U.S. Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> When? _____ Where? _____ What type of Visa? | | Have you ever been refused a U.S. Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> When? _____ Where? _____ What type of Visa? | | |
| Has your U.S. Visa ever been cancelled or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Are you proficient in the English language? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| What is the reason for flight training? | | Who is paying for your flight training? | | |
| Are sufficient funds available to cover all of your tuition and living expenses for the entire course? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Emergency Contact Numbers: (Relationship / Phone Numbers): 1. _____ 2. _____ | | |

Program Selection -Please choose the Course(s) you would like to complete:

Individual Courses:

| | | | |
|---|---|--|--|
| Private Pilot 6 weeks <input type="checkbox"/> | Instrument 6 weeks <input type="checkbox"/> | Commercial Single 9 weeks <input type="checkbox"/> | Commercial Single&Multi 11weeks <input type="checkbox"/> |
| MultiComm Add ON 2 weeks <input type="checkbox"/> | CFI 5 weeks <input type="checkbox"/> | ATP 4 weeks <input type="checkbox"/> | Other <input type="checkbox"/> |

Professional Pilot Programs:

| Initial Commercial Pilot Program 7 month Course | International Pilot Program 8 month Course | Advanced Pilot Program 5 month Course |
|--|--|---|
| Private Pilot Course <input type="checkbox"/> | Private Pilot Course <input type="checkbox"/> | Instrument <input type="checkbox"/> |
| Instrument Rating <input type="checkbox"/> | Instrument Rating <input type="checkbox"/> | Commercial Pilot –SEL <input type="checkbox"/> |
| Commercial Pilot -SEL <input type="checkbox"/> | Commercial Pilot -SEL <input type="checkbox"/> | Commercial Pilot - MEL <input type="checkbox"/> |
| | Commercial Pilot- MEL <input type="checkbox"/> | |

Emergency Contact:

| | | | | |
|-------|---------------|--------|----------|-----------------|
| Name: | Relationship: | Phone: | Address: | State/Province: |
|-------|---------------|--------|----------|-----------------|

Previous Flight Training:

| | | | | |
|-----------------|----------|----------------------|---------------------|-------------------|
| Name of School: | Country: | Single Engine Hours: | Multi Engine Hours: | Licenses/Ratings: |
| Name of School: | Country: | Single Engine Hours: | Multi Engine Hours: | Licenses/Ratings: |



Arrival and Housing:

Will you require student housing? Yes No Estimated arrival date: _____
Arrival transportation needed? Yes No

VERIFICATION STATEMENT:

Attendance at Jacobs Flight Services, LLC 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 SOP and other JFS published documents. Jacobs Flight Services, LLC 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 SOP 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 Jacobs Flight Services 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.

Applicant's Signature: _____ **Date:** _____

Parent or Legal Guardian (if under 18) Signature: _____ **Date:** _____

Submit to: Admissions, Jacobs Flight Services, LLC, 1090 Airglades Blvd., Clewiston, FL 33440 USA
Facsimile: (561) 828-2309 Phone: (855) JFS-FLYS
Email: info@jacobsflightservices.com