



APPLICATION FOR ADMISSION

Please Read Carefully Instructions to applicants
Please read carefully and answer each question completely to the best of your knowledge.
Before an application can be processed the following documents must be received:

1. MFC Admission Application.
2. Academic Transcripts (High School, Post Secondary, Etc.)

3. \$100.00 Cdn. non-refundable application fee (Payable by cheque, money order, Visa or Mastercard payable to the Moncton Flight College.)

4. Medical Report Completed on the back side of the Admissions Package (signed and stamped by the Aviation Medical Examiner)

Please Print Clearly

Last Name _____ First Name _____

Mailing Address: (Number / Street / PO Box) _____

City/Town: _____ Province / State: _____ Postal Code: _____ Country: _____

Telephone: () _____ Fax: () _____ Email: _____

Social Insurance Number (optional): _____ Date of Birth: _____ day / month / year

Citizen Status In Canada: Permanent Resident Other: _____ Please specify: _____

Gender: Male: Female:

Fluent Language: English: French: Other (specify): _____

What is your intended funding? _____

Please Choose the Desired Program

Diploma in Aviation Technology (Pilot): Desired Start Date: _____ day / month / year

Integrated Commercial Pilot Course:

ICPC/A ICPC/IR Option A ICPC/IR Option B Desired Start Date: _____ day / month / year

Traditional Pilot Training Program:

Recreational Pilot Permit (RPP)
 Private Pilot Licence (PPL)
 Commercial Pilot Licence (CPL)
 Multi-Engine Rating
 Instrument Rating
 Class IV Instructor Rating
 Aerobatic Instructor Rating

Desired Start Date: _____ day / month / year

Please check off the courses that you intend on taking. If you are selecting the Commercial Pilot Licence and have previous flight experience (Private Pilot Licence) please ensure the flying times are recorded on the bottom of this page.

Previous Experience

Indicate your academic level of achievement:

High School Diploma or Equivalent: _____

Post Secondary Education (Degree/Diploma) _____

Other (Specify): _____

Do you have any previous flight experience: YES (specify below) NO

Pilot License Held: _____ Civilian Military

Total Time	Solo	Dual	Night	Cross-Country	Multi-Engine	Instrument



AVIATION MEDICAL EXAM

Candidates for civil aviation licenses requiring medical examination should make an appointment with a physician designated by the Transport Canada Aviation Medical Advisors. Included in this information package is a list of Approved Aviation Medical Doctors by Transport Canada in your area.

Please have the Transport Canada approved Aviation Medical Examiner sign and stamp this form and submit with your application. This report is a required document in order to complete the processing of the application and must be received no later than the application deadline of the program for which you are applying.

If you already hold the Transport Canada medical certificate please send a photocopy with your application.

Please Print Clearly

Applicants Name:	
Applicants Address:	
Applicants Res. Phone:	Applicants Bus. Phone:
Date of Examination:	Expected Date of Exam Results:
Name of Medical Examiner:	
Category of Medical: CAT - 1: <input type="checkbox"/> CAT - 2: <input type="checkbox"/> CAT - 3: <input type="checkbox"/> CAT - 4: <input type="checkbox"/>	Other Medical: E.C.G.: <input type="checkbox"/> Audiogram: <input type="checkbox"/>
Assessed Medically fit: YES: <input type="checkbox"/> Further Evaluation Needed: <input type="checkbox"/> NO: <input type="checkbox"/>	Medical Examiner Stamp:
Comments:	
Medical Examiner Signature:	

How did you hear about the Moncton Flight College?

- | | | |
|--|--|--|
| <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> MFC Admissions Rep. | <input type="checkbox"/> TV Commercial |
| <input type="checkbox"/> Friends | <input type="checkbox"/> MFC Brochure. | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Aviation Professional | <input type="checkbox"/> Relative | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Radio Commercial | <input type="checkbox"/> MFC Alumni | <input type="checkbox"/> CD ROM |
| <input type="checkbox"/> Other Flight School | <input type="checkbox"/> Other: _____ | |

Applicants Signature

The statements and information contained in this application are true and accurate to the best of my knowledge. I understand the application process and that the Moncton Flight College reserves the right of selection based on the information supplied with this application.

Signature: _____ Date: _____