

New Course Enrollment

Student: After passing check ride, fill out the top portion

Date: _____

Student: _____ Phone Number: _____

Current Instructor: _____

Requesting enrollment to which new course:	IR	C MEL	C SEL
	SEAdd	MEAdd	Other: _____

For those enrolling in commercial courses: Check ride date: _____ Weight: _____

After you complete the top portion, email this form along with a photo of your temporary pilot certificate and most recent medical certificate to a Chief or Asst. Chief

Chief/Asst. Chief: Enrollment by: _____

CSFS: VA: _____ Other sponsorship: _____ If yes, funds transferred: _____

Scheduling: Start times entered in ETA: _____

Annie: Multi Waiting list (if applicable): _____
