**Island Coastal Aviation Inc Application Form**

**PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Family Name** | **2** | **Given Name** |
|  |  |
| **3** | **Date of Birth (YYYY/MM/DD)** | **4** | **Student ID Number** |
|  |  |
| **5** | **Certificat d’acceptation du Québec (CAQ) or Ministère de l’Immigration, Diversité et Inclusion (MIDI) letter** |
|  | Yes | No |  | CAQ Number | Expiry / / |
| **6** | **Student’s full mailing address** |
| Street Address |  |
|  |
| City/Town |  | Province/State |  | Country |  | Postal Code |  |
|  |  |  |  |

**INSTITUTIONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **7** | **Full name of institution** | **8** | **Designated learning institution number** |
| ISLAND COASTAL AVIATION INC. | O110265135107 |
| **9** | **Address of institution** |
|  | 12 – 100 18799 | AIRPORT WAY |
| PITT MEADOWS | BRITISH COLUMBIA | V3Y 2B4 |
| **10** | **Telephone number** | **Extension** | **11** | **Fax number** | **12** | **Type of School/Institution** |
| (604)465-5560 |  |  |  | Public | Private |  |
| **13** | **Website** | **14** | **Email** |
| WWW.ISLANDCOASTALAVIATION.COM | INFO@ISLANDCOASTALAVIATION.COM |
| **15** | **Name of contact** |  | **Position** |  | **Telephone number** |  | **Extension** |
| Yuping Guan | ACCOUNTABLE EXECUTIVE | (604)465-5560 |  |
| **16** | **Name of alternate contact** | **Position** |  | **Telephone number** |  | **Extension** |
|  |  |  |  |

**PROGRAM INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **17** | **Academic status** |  | **Hours of instruction per week** | **18** | **Field/Program of Study** |
|  | Full-time | Part-time | 15 | FLIGHT TRAINING |
| **19** | **Level of study** | **20** | **Type of training program** |
| PPL, CPL |  | Vocational | Academic | Professional | Other  |
| **21** | **Exchange program** | **22** | **Estimated tuition fee for the first academic year** |
|  | Yes | No |  |  | C$ | Fees prepaid: Yes | No |
| **23** | **Scholarship/Teaching assistantship/Other financial aid:** | **24** | **Internship/Work Practicum** |
| Yes Specify: \_ No |  | YesNo | Length: Field of work:  |
| **25** | **Conditions of acceptance specified as clearly as possible** |
| N/A |
| **26** | **Length of Program (YYYY/MM/DD)** | **27** | **Expiration of letter of acceptance (YYYY/MM/DD)** |
|  | Start date: | 2022/11/01 |  / |  | 2022/11/30 |
| Completion date: |  2024/11/01 |
|  | Or minimum | 2 years | of full-time studies |
| **28** | **Other relevant information:**  |
| N/A |