**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 | | | | |  | Yes  No | 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 | | | | | | | | | | |