

WIFA INTERNATIONAL STUDENT VISA APPLICATION

Biographical Information	ı				
Last Name	Middle Name	Firs	t Name		Suffix
Gender	Date of Birth (mm/d	d/yyyy) / /			
Birth Country	Count	ry of Citizenship			
Physical Address in Hom	e Country				
House Number, Street					
Apt #	City, State or Province				
Postal Code	Country				
Email Address					
Phone (including allcountry a	nd city codes)				
Alternate Phone					
Passport Information					
Passport Issuing Country		Passport #			
Issuance Date (mm/dd/www)	/ /	Expiration Date (mm.	/dd/vvvv)	/	/

Emergency Contact in U.S. (family member or close friend) Name of Contact Relationship to You House Number, Street Apt# City, State or Province Zip Code **Email Address** Phone (including all country and city codes) **Emergency Contact in Home Country** Name of Contact Relationship to You House Number, Street Apt# City, State or Province Postal Code Country **Email Address** Phone **Course Selection** Please indicate the course or courses you would like to complete Private Pilot **Instrument Rating Commercial Pilot** Desired Start Date (mm/dd/yyyy) **Previous Education, Flight Training** Education you have completed Name of School Country Single Engine Hours Multi-Engine Hours Licenses/Ratings

Yes

No

Are you proficient in the English language?

Dependent Information

Please provide the following information for each dependent (add pages if necessary)

Last Name	Middle Name	First Name		Suffix
Gender	Date of Birth (mm/dd/yyyy	r) / /	Relation to you	
Birth Country	Country of C	iitizenship		
Desired Date of Entry to U.S. (mn	n/dd/yyyy) / /	Education Comple	ted	
Passport Issuing Country		Passport #		
Issuance Date (mm/dd/yyyy)	/ / Expiration	on Date (mm/dd/yyyy)	/ /	
Last Name	Middle Name	First Name		Suffix
Gender	Date of Birth (mm/dd/yyyy	r) / /	Relation to you	
Birth Country	Country of C	itizenship		
Desired Date of Entry to U.S. (mn	n/dd/yyyy) / /	Education Comple	ted	
Passport Issuing Country		Passport #		
Issuance Date (mm/dd/yyyy)	/ / Expiration	on Date (mm/dd/yyyy)	/	
Last Name	Middle Name	First Name		Suffix
Gender	Date of Birth (mm/dd/yyyy) / /	Relation to you	
Birth Country	Country of C	itizenship		
Desired Date of Entry to U.S. (mm	n/dd/yyyy) /	Education Comple	ted	
Passport Issuing Country		Passport #		
Issuance Date (mm/dd/yyyy)	/ / Expiration	on Date (mm/dd/yyyy)	/	

Applicant Signature

I hereby declare that the above information is true to the best of my knowledge and belief, and that I understand it is made for use as evidence to the United States government and is subject to penalty for perjury.							
Signature	Date (mm/dd/yyyy)	/	/				