



U.S. Department
of Transportation
**Federal Aviation
Administration**

OMB Control Number 2120-XXXX
Expires XX/XX/XXX

INSTITUTION OF HIGHER EDUCATION'S APPLICATION FOR AUTHORITY TO CERTIFY ITS GRADUATES FOR AN AIRLINE TRANSPORT PILOT CERTIFICATE WITH REDUCED AERONAUTICAL EXPERIENCE

APPLICANT – Read submittal and signature instructions on the last page. This application is for institutions of higher education seeking the authority under § 61.169 to certify its graduates for an airline transport pilot certificate under the academic and aeronautical experience requirements in § 61.160. This application seeks information from the institution of higher education to ensure its academic curriculum incorporates at least the minimum credit hours for aviation and aviation-related coursework, as prescribed in § 61.160(b), (c), or (d). Additionally, the institution of higher education should identify which courses meet the ground and flight training requirements of § 61.160(b), (c), or (d) in the Aviation Coursework Mapping Section. For additional instructions and information, refer to AC 61-139.

1. Please indicate the nature of this submission. <input type="checkbox"/> Initial <input type="checkbox"/> Revision <input type="checkbox"/> Reinstatement	2. DATE	3. INSTITUTION NAME	4. PHONE NUMBER
5. ADDRESS OF PRINCIPAL BUSINESS OFFICE			
6. POINT OF CONTACT NAME		7. POINT OF CONTACT E-MAIL	
8. DEGREE PROGRAM: List all degree programs with aviation majors.			
<input type="checkbox"/> Bachelor Degree			
<input type="checkbox"/> Associates Degree			
9. PART141 (FLIGHT) PILOT SCHOOL NAME	PART 141 CERTIFICATE NUMBER	LOCATION OF MAIN OPERATIONS BASE	
10. PART141 (GROUND) PILOT SCHOOL NAME (If different from flight pilot school)	PART 141 CERTIFICATE NUMBER	LOCATION OF MAIN OPERATIONS BASE	
Please answer the following question by selecting either "YES" or "NO".			
<input type="checkbox"/> YES <input type="checkbox"/> NO	11. Is the academic institution that is seeking the authority to certify its graduates accredited by the Department of Education in 34 CFR 600.2 (Refer to http://ope.ed.gov/accreditation/)? If yes, please indicate accrediting agency: <input style="width: 150px;" type="text"/>		
Please explain your answers to the following questions. If additional space is necessary, attach in a separate document.			
12. For Initial and Reinstatement applications-explain any substantial change in the previous 5 years to a degree program identified above. For a Revision application-explain the reason for the revision (substantial change).			
13. For All applications-explain any change in (a) the status of the 14 CFR part 141 pilot school certificate(s) and/or (b) your association with a pilot school (if applicable). For Initial and Reinstatement applications-include any change over the past 5 years (if applicable).			
14. Aviation Coursework Mapping: List each aviation and aviation-related course offered that will improve and enhance the			

knowledge and skills of a person seeking a career as a professional pilot. Include the course number, the title of the course, the number of semester credits, and identify which academic area, identified in AC 61-139, the course addresses. Please attach in a separate document a course catalog description of each course. If additional space is necessary to list course information, please attach it in a separate document.

COURSE NUMBER	COURSE TITLE	SEMESTER CREDITS	ACADEMIC AREAS

15. YES NO A course description of each course listed is included with this application.

16. I (We) certify that I am (we are) familiar with applicable subject areas in part 61 of the CFR, and, to the best of my (our) knowledge, believe that my (our) institution meets the requirements for certification as prescribed therein.

_____ *Signature of the Point of Contact* _____ *Date*

17. FOR FAA USE ONLY

SIGNATURE OF APPROVING OFFICIAL	TITLE	DATE
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