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.

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| 1. Please indicate the nature of this submission. | | | 2. DATE (MM/DD/YYYY) | | | | 3. INSTITUTION NAME | | 4. PHONE NUMBER | |
| □ Initial □ Revision □ Reinstatement | | |  | | | |  | |  | |
| 5. ADDRESS OF PRINCIPAL BUSINESS OFFICE | | | | | | | | | | |
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| 6. POINT OF CONTACT NAME | | | | | | 7. POINT OF CONTACT E-MAIL | | | | |
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| 8. DEGREE PROGRAM: List all degree programs with aviation majors. | | | | | | | | | | |
| □ Bachelor Degree | |  | | | | | | | | |
| □ 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 | | |
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| **Please answer the following question by selecting either “YES” or “NO”.** | | | | | | | | | | |
| 11. □**YES** □**NO** | 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: | | | |  | | | | |  |
| **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). | | | | | | | | | | |
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| 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). | | | | | | | | | | |
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| **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 |
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| 15. □**YES** □**NO** | A course description of each course listed above 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 | |
| ***PAPERWORK REDUCTION ACT STATEMENT:*** A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0755. Public reporting for this collection of information is estimated to be approximately 8 hours per initial response or 2 hours per revision response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain or retain a benefit per 14 CFR part 61. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524 | | | | | |