



U.S. Department
of Transportation

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

Federal Aviation
Administration

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 (MM/DD/YYYY) | 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". | | | |
| 11. <input type="checkbox"/> YES <input type="checkbox"/> 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). | | | |
| 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). | | | |

