OMB No: 2120-0755 Exp: 11/30/2022

TYPE OR PRINT ALL ENTRIES IN INK



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 – This application is for institutions of higher education seeking the authority under Title 14 of the Code of Federal Regulations (14 CFR) Section 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.

Please indicate the n	ature of this submission.	2. DATE (MM/DD/	yyyy) 3	. INSTITUTION NAME	4. PHONE NUMBER	
		2. 27 (1.2 (1.11))	,		THE TRANSPORT	
☐ Initial ☐ Revision ☐ Reinstatement						
5. ADDRESS OF PRINCIPAL BUSINESS OFFICE						
6. NAME OF RESPONSIBLE PERSON				7. E-MAIL OF RESPONSIBLE PERSON		
8. DEGREE PROGRAM: List all degree programs with aviation majors.						
☐ Bachelor Degree						
☐ Associates Degree						
9. PART141 (FLIGHT)			LOCATION OF MAIN OPERATIONS BASE			
agreement is required, if the flig of higher education.)	NUME					
10. PART141 (GROUN	PART CERTIFI		LOCATION OF MAIN OPERATIONS BASE			
(If different from flight pilot school)		NUME				
Please answer the following question by selecting either "YES" or "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,					
11. □YES □NO	•		K 600.2	(Refer to <u>nttp://ope.ed.gov/accreditatio</u>	<u>in/)</u> ? 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).						
7 7 LL 1						

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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. Attach a detailed description of each course requested in this application in a separate document. **COURSE SEMESTER COURSE TITLE** ACADEMIC AREAS NUMBER **CREDITS** 15. 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 Responsible Person Date (MM/DD/YYYY) 16. FOR FAA USE ONLY SIGNATURE OF APPROVING OFFICIAL TITLE DATE (MM/DD/YYYY) 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

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Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524