

APPLICATION FOR ADMISSION Page 1 CONVERSION STUDENTS

PERSONAL INFORMATION:

Name:						
Address:						
Town:						
Country:						
Phone:						
Email:						
ID/Passport Nr:						
	phone to closest relative:					
PREVIOUS FLYING EXPERIENCE:						
Total Hours:						
Expiry Date Lice	nse:					
Expiry Date Clas	s Rating:					
Expiry Date IR:						
Expiry Date Med	lical:					

	Total	Instruction	Solo	Pilot in	Cross	Cross	Instrument	Night	Night
		Received		Command	Country	Country	Actual &	Instruction	PIC
				(PIC)	Instruction	Solo/PIC	Simulated	Received	
Single Engine									
Multi Engine									
Other									



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PHYSICAL RECORD: Age: Date of Birth: Country of Birth: Country of Citizenship: SELECT YOUR CONVERSION - Please check all that apply \square CPL \square IR □ ME □ NQ □ OTHER **APPLICATION FEE: SEK 5000** The application fee will be credited your student account and used towards your course costs less SEK 2000 in administraton fees. The application fee is non-refundable in the event of cancellation or no-show. **International Wire Transfer:** Plusgiro: SOUTH SWEDEN FLIGHT ACADEMY AB 86 92 82-4 IBAN: SE70 9500 0099 6034 0869 2824 **BIC/Swift: NDEASESS** BANK: Nordea Appendix 1: Student Guide ☐ Medical* ☐ Last pages of loggbook ☐ Passport/ID Please attach copies of: ☐ Valid licenses and ratings to be converted Please bring in original: If you are a non-Swedish citizen you need **records from the registry** of suspicion and previous convictions in English in original from the police authority in the country where the you hold your citizenship. This will be sent to the Swedish CAA togheter with your skilltest documents. You need an Swedish Medical by the time for skilltest. You can either transfer your medical or get a new, let us know if you'd like help to schedule an appointment with a swedish clinic. ☐ I have read and understood the application form and Appendix 1 and accept the terms and conditions. I also understand and accept that South Sweden Flight Academy AB is obliged by law to maintain my student records containing my personal information for up to 5 years. Signed: Date:

E-mail signed form and attachments to: malin@southsweden.se You will be notified if eligible for the course(s) selected and will receive an Enrollment Letter via e-mail after full payment of registration fee.