# **MSc in Aviation at CUNY York College**

### **Application Form**

### PERSONAL INFORMATION

Name:							
Last	Fire	st	Middle Initial		Maiden		
Current Address:_							
	Number	Street		City		State	Zip
Mailing Address:		01 1		0"		21 :	
	Number	Street		City		State	Zip
Phone Number: (		(	_)		() _		
	Home		Mobile			Work	
Social Security Nui	mber:						
Email Address:							
_							
Date of Birth:	с	ountry of Bi	rth:				
mm/c	dd/yyyy						
Gender Identity: (O)	ptional) Male	Female	Transgen	der no	on-binar	y another ;	gender
-							
Are you a U.S. Citiz	en? Yes _	No					
If answered	no above, p	olease state:	:				
Prima	ary Citizensh	ip:					
Dual	Citizenshin						
	-						
Additional C	itizenship l	nformation:					
U.S. Perma	nent Reside		A \ m			Data Obt-1-	J NANA () ()
		Allen (	A) number			Date Obtained	IVIIVI/YY
Temporary \	Visa:	pe of Visa			Data	Obtoined MANA	
	1 y	pe of visa			Date	Obtained MM/	ΥΥ
	Evo	iration Date I	MM/VV				
	⊏хр	וי מנוטוז טמנפ ז	VIIVI/ T T				
Other: Expla	ain						



EDUCATION		
Baccalaureate Degree:		
	School	Location
Year of graduation	GPA	Major
Graduate Degree (if any):		Location
	School	Location
Year of graduation	GPA	Major
Other:		
Are you a Veteran		_?
Native Language		
TOFFI or IFLTS: All appl	licants whose first	language is not English and who were educated in a country
		t take the TOEFL or the IELTS.
Date TOEFL or IELTS take	en:	Score:
	mm/dd/y	<del>yyy</del> y
LANGUAGE EXAM		
Please submit an unofficial of	• •	
Applicants who are not U.S. citi	zens or Permanent R	esidents and are not from the English speaking countries listed
below are required to submit the	neir English language	proficiency exam scores from International English Language
Testing Service (IELTS) or Test of	of English as a Foreign	n Language (TOEFL).
Citizens of the following countr	ies are not required	to submit TOEFL or IELTS scores:
United States	Gre	nada
Australia	Guy	yana
Bahamas	Irel	and
Barbados		
Belize		
Canada		
Dominica		
Ghana		
Jamaica		
Kenya		
New Zealand		
Singapore		
Trinidad and Tobago		
United Kingdom		
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#### **EMPLOYER INFORMATION**

Present Occupation:		_		
Name of Present Employer:				
Employer's Address:				
Number	Street		State	Zip
Employer's Telephone Number:()		<u>-</u>		
Employer's email address:				
If not currently employed: Former Occu	pation:			
Responsibilities:				





#### **RECOMMENDATIONS**

Please list three current professional references who can write a letter of recommendation on your behalf. Please do not include personal references.

Recommender 1:				
Name:				
Last	First	Middle Initial		
Title:				
Institution/Organization	n/Company:			
Address: Number				
Number	Street	City	State	Zip
Telephone Number: (_	)			
Email Address:				
Relationship to you:				
_				
Recommender 2:				
Name:				
Last	First	Middle Initial		
Title:				
Institution/Organization	n/Company:			
Address: Number				
Number	Street	City	State	Zip
Telephone Number: (_	_)	<u> </u>		
Email Address:				
Relationship to you:				





Recommender 3:				
Name:				
Last	First	N	liddle Initial	
Title:				
Institution/Organization/Co	mpany:		_	
Address:				
Address: Number Si	treet	City	State	Zip
Telephone Number: ()_				
Email Address:				
Relationship to you:				
Under the Family Educational Part 99) which gives students waive their right to see specifi that applicants, and the perso the confidentiality of those red following statements. By signi	the right to inspect c confidential state in from whom they commendations, we	t and review the ments and let request recom	neir educational records ters of recommendatior nmendations, may wish	s, students may ns. In the belief to preserve
Signature of	Applicant	_	Date	<del>-</del>





## Signature Page

Program and Semester:
You will need to submit the following supporting documents to complete the application process.
All supporting documents must be received by the application deadline in order for your application to be considered complete.
<ol> <li>Official transcript(s) in sealed envelopes from all universities and colleges attended.</li> <li>*International Students: Must have all transcripts evaluated and mailed to York Office of Admissions</li> </ol>
<ol> <li>TOEFL or IELTS scores (if required)</li> <li>Current resume</li> <li>Personal statement</li> <li>Three professional letters of recommendation on letterhead and in sealed envelopes.</li> <li>A non-refundable \$125 application fee payable by check or money order to York College</li> <li>Admissions Commitment form</li> </ol>
Please sign the agreement statement below. Include supporting documents and application fee.
I certify that the information on this application is complete and correct. I understand that omission or falsification of information may constitute grounds for denial of admission or dismissal.
Date Signature of Applicant Print Name
Email the application with all documentations to: msavadmits@york.cuny.edu

Admissions Office (Room 1B07) 94-20 Guy R. Brewer Blvd Jamaica, NY 11451

York College, CUNY

Approximately two weeks from the date of submission, you will receive an email notifying you whether or not your supporting documents, payment and signature page were received.



