

PAFT Change of Major Application

Date: _____

Applicant's Name: _____ 911#: _____

Email: _____ Phone: _____

Freshman: _____ Applicant's Current Major: _____

Sophomore: _____ Advisor: _____

Junior: _____ Desired Major: _____

Senior: _____ Current GPA: _____ High School GPA: _____

Semester you would like to change to PAFT (*keep in mind there are very few opening for the spring semester*):
Fall _____ Spring _____

Have you taken the Private Pilot's Airmen's Knowledge Test? _____ Score: _____

Do you have a Student Pilot Certificate? _____ Certificate #: _____

Have you begun Flight Training? _____ Type of aircraft: _____ Hours: _____

Do you hold a Private Pilot Certificate? _____ Certificate #: _____

Do you have an FAA Medical Certificate? _____ Class: _____

* Please place "PAFT Change of Major" in the subject line and submit completed Application via email to:

ISU-AVT2@indstate.edu

ISU Flight Academy