



ENROLLMENT PLAN FOR PROFESSIONAL PILOT STUDENTS

AVPLAN YR _____

Student Name _____ **Student ID#** _____

Students who are accepted into the AS 2107 Professional Pilot Program may have their annual Financial Aid budget increased with the following conditions:

- Must be degree seeking in the AS 2107 program and adhere to this educational plan.
- Must maintain satisfactory academic progress in accordance with the financial aid guidelines as indicated in the appropriate Broward College Catalog.

This information will be used to reflect the additional cost of flight training. These amounts will be added to the student's cost of attendance for the term indicated.

<u>CLASS</u>	<u>ADDITIONAL COST</u>	<u>CREDITS/TERM ENROLLED</u>
All flight students: one term books/equip/uniforms	\$1,000	_____
ATF 1100-FITS I (PVT/INST) (3 credits)	\$8,170	_____
Books and Equipment	\$430	_____
ATF 2200-FITS II (PVT/INST) & (3 credits)	\$9,460	_____
ATF 2600-Flight Simulator (1 credit)		
(Students must take both classes)		
Books and Equipment	\$230	_____
ATF 2210-FITS III (PVT/INST) (3 credits)	\$9,590	_____
ATF 2300-FITS I (CAMEL) (3 credits)	\$7,220	_____
Books and Equipment	\$322	_____
ATF 2400-FITS II (CAMEL) + (CASEL Add-on) & (1 credit)	\$7,220	_____
ATF 2630-Multi Engine Simulator (1 credit)		
(Students must take both classes)		
Books and Equipment	\$441	_____
ATF 2500-FITS I (CFI) + (CFII) (2 credits)	\$14,618	_____
Books and Equipment	\$173	_____

I understand the financial aid cost of attendance will be increased according to this plan. Any failure to enroll in the classes listed will cause a decrease in the cost of attendance and may result in a reduction of financial aid. No disbursements will be made until I enroll in the appropriate classes listed above.

I authorize the following amount to be deducted from my loan proceeds and deposited as indicated:

Flight Account \$ _____ (Recommend 100% to cover **Full cost** allocation of courses indicated above into GLC 696265)

Student Signature _____ Date _____

Associate Dean _____ Signature _____ Date _____

Send or hand carry completed form to: Student Financial Services Lead Advisor, South Campus
AN EQUAL ACCESS/EQUAL OPPORTUNITY INSTITUTION