



City College of San Francisco

Aeronautics Department

Application

Name _____ Date _____
Last First

CCSF Student ID # _____

Address _____
Number and Street City Zip

Home Phone # _____ Cell Phone # _____
Include Area Code Include Area Code

Email Address _____

High School Diploma/GED Yes ___ No ___ Year Graduated/Completed _____

Are you 18 years old or older? Yes ___ No ___

Are you a veteran? Yes ___ No ___

Have you completed all the CCSF general education and graduation requirements (except the major requirement)? Yes ___ No ___

Have you completed courses at other colleges and universities, which courses satisfy the CCSF general education and graduation requirements (except the major requirement)? Yes ___ No ___

If you are not accepted into the program because of limited space, do you want to be put on a wait list for admission in a subsequent semester? Yes ___ No ___

If you indicate you do not want to be put on a wait list, and later change your mind, you must reapply to the program.

PLEASE NOTE:

Acceptance to City College of San Francisco DOES NOT mean acceptance to the Aeronautics program.

The Aeronautics Department does NOT accept ANY transferred clock hours or aeronautics courses taken at another college.

Kenny Verbeckmoes
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