



ENROLLMENT APPLICATION

Rolls-Royce Corporation
Registrar – Customer Training
P.O. Box 420, Speed Code O-14
Indianapolis, Indiana 46206-0420 USA

Date _____

Telephone: (317) 230-2586 Fax: (317) 230-4444

All enrollees:

Please submit this form to confirm telephone requests for space.
Failure to do so could result in loss of space.
(Please print or type)

U.S. citizen _____ Other _____
Please specify citizenship

1. _____
Name(s) of applicant(s) Social Security no. or passport no. (not required)

2. _____
Title of class Course code no.

3. (a) _____ (b) _____ (c) _____
Choice of class date

4. _____
Employer's name(s)

5. _____
Employer's address

6. _____
Employer's telephone number Fax number

7. Send enrollment confirmation/completion letter to:

Name Address

IMPORTANT!	
8. Engine model _____	9. Aircraft model(s) _____ and serial number
<i>Please fill out 8 and 9. Specific engine model information is required before enrollment in a course can be confirmed.</i>	

Required method of tuition payment is first day or advance. Checks should be made to: **Rolls-Royce Corporation.**

Advance payments should be mailed to: **Rolls-Royce Corporation**
Attention: Registrar – Customer Training
P.O. Box 420, Speed Code O-14
Indianapolis, Indiana 46206-0420 USA

Tuition will be paid: _____ First day _____ Advance To be mailed by: _____
Date

First day payments may be in check (company or personal), travel checks, money order, credit card (MC, Visa, JCB and Am. Ex.) or cash (all money must be in U.S. dollars and checks must be on U.S. banks).

Enrollment made/approved by: _____

Address: _____

Telephone/Extension: _____