

Confirmation of lessons

Name: _____	<input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/> IR <input type="checkbox"/> CBIR <input type="checkbox"/> BIR <input type="checkbox"/> HPA <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter
	Date: _____

CPL / ATPL / IR / CBIR

Subject	<input type="checkbox"/> 10 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 62 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 31 <input type="checkbox"/> 32/34 <input type="checkbox"/> 33 <input type="checkbox"/> 61 <input type="checkbox"/> KSA	TKI: _____	Hours: _____
Progress Tests performed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Final Exam passed <input type="checkbox"/> Yes <input type="checkbox"/> Not yet Date: _____ Mark: _____%	
CPL / ATPL KSA 100 Summative Assessment performed: Passed: <input type="checkbox"/> Yes <input type="checkbox"/> No Mark: _____ Formative Assessment performed: All LOs covered: <input type="checkbox"/> Yes Mental Math Test performed: Passed: <input type="checkbox"/> Yes <input type="checkbox"/> No Mark: _____		Knowledge sufficient for FOCA examination <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Restrictions: _____	
		Due Date: _____	
Student : _____ TKI: _____			

BIR (Basic Instrument Rating)

BIR	<input type="checkbox"/> Module 1 <input type="checkbox"/> Module 2 <input type="checkbox"/> Module 3	TKI: _____	Hours: _____
Progress Tests performed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Final Exam passed: <input type="checkbox"/> Yes <input type="checkbox"/> Not yet. Date: _____ Mark: _____%	
Restrictions: _____			Due Date: _____
Knowledge sufficient for FOCA examination <input type="checkbox"/> Yes <input type="checkbox"/> No		Signature TKI: _____ Student: _____	

Other Syllabus / special Training / HPA

Subject	<input type="checkbox"/> HPA <input type="checkbox"/> special Training: _____	TKI: _____	Hours: _____
Lesson description (Subject/topics):		Knowledge sufficient for FOCA examination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
		Restrictions: _____	
		Due Date: _____	
Signature TKI: _____ Student: _____			