

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	TKI: _____	Hours: _____
	<input type="checkbox"/> 31 <input type="checkbox"/> 32/34 <input type="checkbox"/> 33 <input type="checkbox"/> 61 <input type="checkbox"/> KSA		
Progress Tests performed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Knowledge sufficient for FOCA examination <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		Restrictions:	Due Date: _____
		Final Exam passed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Mark: _____	
Mental Math Test performed: Passed: <input type="checkbox"/> Yes <input type="checkbox"/> No Mark: _____		Signature TKI: _____ Student: _____	

BIR (Basic Instrument Rating)

BIR	<input type="checkbox"/> Module 1 <input type="checkbox"/> Module2 <input type="checkbox"/> Module3	TKI: _____
Progress Tests performed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Knowledge sufficient for FOCA examination <input type="checkbox"/> Yes <input type="checkbox"/> No		
Restrictions:		Due Date: _____
Final Exam passed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Mark: _____		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: _____			