

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: <small>Presence lesson</small>	
Learning duration at home:	All respective Progress Tests performed: <input type="checkbox"/> Yes				
Start Date: _____ Hours: _____	Final Exam passed: _____ Date: _____ Mark: _____%				
CPL/ATPL KSA 100	Knowledge sufficient for FOCA examination <input type="checkbox"/> Yes <input type="checkbox"/> No				
Formative Assessment performed:	Restrictions:			Due Date:	
All LOs covered: <input type="checkbox"/> Yes					
Summative Assessment performed:					
Passed: <input type="checkbox"/> Yes <input type="checkbox"/> No 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"/> Module 2 <input type="checkbox"/> Module 3	TKI:		Hours: <small>Presence lesson</small>	
Learning duration at home:	All respective Progress Tests performed: <input type="checkbox"/> Yes				
Start Date: _____ Hours: _____	Final Exam passed: _____ Date: _____ Mark: _____%				
Restrictions:	Knowledge sufficient for FOCA examination <input type="checkbox"/> Yes <input type="checkbox"/> No				
				Due Date:	
Signature TKI : _____ Student: _____					

Other Syllabus / Special Training / HPA

Subject	<input type="checkbox"/> HPA <input type="checkbox"/> Special Training: _____	TKI:		Hours: <small>Presence lesson</small>	
Learning duration at home:	All respective Progress Tests performed: <input type="checkbox"/> Yes <input type="checkbox"/> N/A				
Start Date: _____ Hours: _____	Final Exam passed: _____ Date: _____ Mark: _____% <input type="checkbox"/> N/A				
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: _____					