

E | AVIATION

Stage Check Request

Last Name First Name Assigned Instructor Date

AVFO Course Semester Started (e.g. Fall 2018) Stage

Cross **OUT** the times when you are **NOT** available for flight training due to class, work, or another conflict.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----------|--------|---------|-----------|----------|--------|----------|--------|
| 7:00 am | | | | | | | |
| 8:00 am | | | | | | | |
| 9:00 am | | | | | | | |
| 10:00 am | | | | | | | |
| 11:00 am | | | | | | | |
| 12:00 pm | | | | | | | |
| 1:00 pm | | | | | | | |
| 2:00 pm | | | | | | | |
| 3:00 pm | | | | | | | |
| 4:00 pm | | | | | | | |
| 5:00 pm | | | | | | | |

I have completed all the necessary steps to schedule my Stage Check.

Student Signature Date Flight Instructor Acknowledgment Date

Submit to Scheduling

After you contact the Stage Check Instructor, fill out this portion of the form and submit it to scheduling.

Stage Check Date/Time: _____ Check Instructor: _____

Office Use:

The stage check was [SCHEDULED] [NOT SCHEDULED]

Comments: _____

Scheduler Date