

# Student Record for Qualified Pilots

CSD 1.02



Student Name : \_\_\_\_\_

Course : \_\_\_\_\_

Date : \_\_\_\_\_

A/C Reg : \_\_\_\_\_

Instructor : \_\_\_\_\_

From	To	Brakes Off	Brakes On	Chock Time	Comments

From	To	Brakes Off	Brakes On	Chock Time	Comments
				Total:	

Course Completion – Instructor Comments
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Instructor Signature :

Student Signature :