## OSU FLIGHT CENTER Student Availability Form

Date Submitted:	Semester En	rolled:
Name:(Last)	ATT O	(18)
(Last)	(First)	(MI)
Preferred Name:	*Ma	jor:
Local Address:		
City:	State:	Zip:
Phone: (Home)	(Cell)	
E-Mail:		
		Weight:
Certificate or rating in progress:		
□PRIVATE □INSTRUMENT □IN	NTERMEDIATE □MAN	TEUVERS DMULTI DCFI/CFII/MEI (circle one)
*AVED 1222 STUDENTS ONLY-"Fall table. "Spring" semester students disre		ection enrolled in and complete availability of fill out the table.
<u>401</u> MWF 7:30 -9:20	<u>405</u> MWF 3:30-	5:20
<u>402</u> MWF 9:30-11:20	406 TR 7:30-9:2	20
<b>403</b> MWF 11:30-1:20	407 TR 9:30-11:	20
<b>404</b> MWF 1:30-3:20	408 TR 11:30-1:	20
Has an Instructor been assigned to ∑ ☐ YES ☐ NO	you for the current semes	ster?
IF YES, Instructor Name:		
Previous OSU Instructor:		
Based upon your academic, work and p	personal schedule, place an 2	X in

	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000
Mon														
Tues														
Wed														
Thur														
Fri														
Sat														
Sun														