

OSU FLIGHT CENTER
Student Availability Form

Date Submitted: _____ Semester Enrolled: _____

Name: _____
(Last) (First) (MI)

Preferred Name: _____ *Major: _____

Phone: (Home) _____ (Cell) _____

E-Mail: _____

Weight: _____

Certificate or rating in progress:

PRIVATE INSTRUMENT INTERMEDIATE MANEUVERS MULTI CFI/CFII/MEI
(select one)

Classification:

FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATED
(select one)

Has an Instructor been assigned to you for the current semester? (select one)

YES NO

IF YES, Instructor Name: _____

Previous OSU Instructor: _____

Based upon your class schedule, select boxes to place an X ONLY in the times that you are not available due to class. Please attach your class schedule as well.

