

# University of Dubuque

## Flight Operations

Stage Check / Checkride Request

Name of Applicant: \_\_\_\_\_ FTN: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Type of Check Flight: \_\_\_\_\_ Recommending CFI: \_\_\_\_\_

Check Instructor Assigned: \_\_\_\_\_ Aircraft Required: \_\_\_\_\_

Records Checked: \_\_\_\_\_ TT: \_\_\_\_\_ Dual: \_\_\_\_\_ ATD: \_\_\_\_\_

X/C Route: \_\_\_\_\_

Oral Test Date: \_\_\_\_\_

Flight Test Date: \_\_\_\_\_

Oral Test Date: \_\_\_\_\_

Flight Test Date: \_\_\_\_\_

Oral Test Date: \_\_\_\_\_

Flight Test Date: \_\_\_\_\_

*Upon completion of flight, please return this form to the Chief Flight Instructor*

**Provide All Availability**

<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	
<b>Saturday</b>	
<b>Sunday</b>	

*Upon completion of flight, please return this form to the Chief Flight Instructor*