

College of Aviation – Flight Student Request for Leave

Name (Print) _____ Date _____

Day(s)/Date(s) Requested _____

Reason for requested leave _____

Flight Slots

| Missed Slots | | Make Up Slots | | Missed Slots | | Make Up Slots | |
|--------------|-----------|---------------|-----------|--------------|-----------|---------------|-----------|
| Date | Time Slot | Date | Time Slot | Date | Time Slot | Date | Time Slot |
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Other Comments: _____

Student Signature _____

Flight Instructor _____ Approved/Denied
Date _____

Lead Flight Instructor _____ Approved/Denied
Date _____

- **When necessary signatures have been obtained, a copy of this page should be placed in the "Internal Information" section of the student's flight records and a copy should be given to Scheduling.**
- **Turn in a copy to Scheduling**