



Mission 9

CLASS RATING CHECKRIDE

STUDENT:	DATE 1:	DATE 2:
EXAMINER:	A/C REG:	A/C REG:
A/C TYPE:	DURATION:	DURATION:

EXERCISES		1	2	COMMENTS:

COMPLETION STANDARDS:

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SYLLABUS TIMES:

Total	Dual	X/C	IF	Ldgs
12:00	1:00			

Student Signature

Instructor Signature