



Scuba Diver Course

Student training record

Student

Name: _____

Birth Date: day/month/year _____ Sex: M F

Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Phone: _____ E-mail: _____

Instructor

Name: _____

NAUI#: _____ Facility: _____

Phone: _____ E-mail: _____

Confined Water Dives:

	Date	Completed Yes / No	NAUI#	Instructor Signature	Student Signature
Dive 1	<small>day/month/year</small>	_____	_____	_____	_____
Dive 2	<small>day/month/year</small>	_____	_____	_____	_____
Dive 3	<small>day/month/year</small>	_____	_____	_____	_____
Dive 4	<small>day/month/year</small>	_____	_____	_____	_____
Dive 5	<small>day/month/year</small>	_____	_____	_____	_____

Knowledge Development Sessions:

	Date	Completed Yes / No	NAUI#	Instructor Signature	Student Signature
Sesion 1	<small>day/month/year</small>	_____	_____	_____	_____
Sesion 2	<small>day/month/year</small>	_____	_____	_____	_____
Sesion 3	<small>day/month/year</small>	_____	_____	_____	_____
Sesion 4	<small>day/month/year</small>	_____	_____	_____	_____
Sesion 5	<small>day/month/year</small>	_____	_____	_____	_____