

**RECORD OF COMMANDER'S ACTION**

*This form contains personal information protected by the Privacy Act of 1974. Form will be safeguarded from unauthorized disclosure and will be disposed of according to AFI 33-332.*

TRAINING UNIT LOCATION

PERMANENT BASE OF STUDENT (If in TDY status)

**SECTION I. INITIATING AUTHORITY**

I recommend \_\_\_\_\_ of class \_\_\_\_\_ for  
(Grade, Name & SSN) (Class number)  
elimination from training for the following reason(s):

DATE

NAME, GRADE, AND POSITION TITLE

SIGNATURE

**SECTION II. STUDENT STATEMENT**

I have received notification of my entry into the commander's review process.

DATE

NAME AND GRADE

SIGNATURE

**SECTION III. REVIEWING AUTHORITY RECOMMENDATIONS**

FINDING: The student's deficiency  was  was not sufficient for elimination.

RECOMMENDATION: The student should

BE RETAINED  BE DISENROLLED FROM TRAINING.

BE  NOT BE CONSIDERED FOR REINSTATEMENT IN THIS COURSE AT A LATER DATE.

BE  NOT BE CONSIDERED FOR UNDERGRADUATE NAVIGATOR TRAINING OR UNDERGRADUATE AIR BATTLE  
MANAGER TRAINING.

REMARKS:

DATE

NAME, GRADE AND POSITION TITLE

SIGNATURE

**SECTION IV. APPROVING AUTHORITY**

ELIMINATE

REINSTATE

REMARKS

DATE

NAME, GRADE, AND POSITION TITLE

SIGNATURE

**SECTION V. ADDITIONAL INFORMATION**

Commission Source		Flying History		Checkride Results	
USAFA _____	AFROTC _____	T-37	Hours _____		
OTS _____	AFRC _____	T-38	Hours _____		
ANG _____	OTHER _____	T-1	Hours _____		
	(Specify)	H-1	Hours _____		
		T-6	Hours _____		
		T-43	Hours _____		
Academic Average: _____					