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 _____ *(Grade, Name & SSN)* of class _____ *(Class number)* for 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: _____					