INSTRUCTIONS FOR APPLICATION PACKET
NON-HSSP CADET

Make sure that you are using the example packet as you fill out your application packet to ensure that you are filling it out correctly. Below are a few pieces of information to keep in mind while you are filling out your packet:

- Please write legibly and fill out packet in black pen.
- **DO NOT SIGN** the following forms. Fill them out, but wait to sign them until you meet with a NCO to witness your signature.
  - AFROTC Form 35: CERTIFICATION OF INVOLVEMENTS
  - DD Form 93: RECORD OF EMERGENCY DATA
  - AF Form 2030: USAF DRUG AND ALCOHOL ABUSE CERTIFICATE
  - MEMORANDUM OF UNDERSTANDING FOR DRUG TESTING POLICY
  - AF IMT 3010: USAF STATEMENT OF UNDERSTANDING FOR DEPENDENT CARE RESPONSIBILITY
  - STATEMENT OF UNDERSTANDING: AIR FORCE ROTC DEPENDENCY POLICY
- In order to complete the application process, we will need to see your original birth certificate and signed social security card.
  - If you have any transfer credits (community college, other college, AP credit) we will need a copy of your transcripts.
  - If you’re a Boy Scout Eagle Scout or Girl Scout Cadet Scout with Gold Palm Award recipient we will need a copy of your card.
  - If you’ve completed 3 years or more of High School Junior Reserve Officer Training Corps (JROTC) we will need a Certificate of Completion or statement on official letterhead from a JROTC Unit Commander stating satisfactory completion.

Once you have finished filling out your packet turn it in to the detachment secretaries for review. If, during any of this process, you have questions, do not hesitate to contact us.

AFROTC Detachment 855
Brigham Young University
380 Wells ROTC Building
Provo, UT 84602

Phone: (801) 422-7723
Email: det855sec@byu.edu
DEPARTMENT OF THE AIR FORCE
AIR EDUCATION AND TRAINING COMMAND

DATE: May 3, 2016

MEMORANDUM FOR CADET Dash Parr

FROM: Air Force Reserve Officer Training Corps (AFROTC) Detachment (Det) 855

SUBJECT: Request and Consent for Release of Student Records

1. In compliance with 10 U.S.C. 2102 et seq., your consent is required to permit the educational institution in which you are/were enrolled to release official copies of your transcripts of grades and/or other student records, files, or data that are part of your student records to AFROTC and Department of Defense (DOD) agencies, as may be required by these agencies.

2. It is mutually understood that the purposes of this request for official copies of student records is necessary for AFROTC screening and evaluation of its present and potential cadet members and those cadets commissioned or disenrolled from the AFROTC program. It is further understood that the privacy of the information collected by means of the request will be maintained in accordance with the Privacy Act of 1974 and the Freedom of Information Act, and the information will be used for official AFROTC purposes only.

AFROTC Det 855 Representative

1st Ind, Student Dash Parr DATE: May 3, 2016

MEMORANDUM FOR AFROTC Det 855

I have read and understand your request for official copies of my school records. I hereby voluntarily consent to the release of such official records as you may require in your above-stated request and have signed the attached authorization for appropriate school officials to release to Det ____ personnel or to the appropriate DOD agency any and all official records, files, and data for their use as requested above.

(Student's Signature) (Parent's Signature if student is under age 18 years of age)

Attachment:
Consent for Release of Student Records
MEMORANDUM FOR BRIGHAM YOUNG (University)

FROM: Cadet Dash Parr

SUBJECT: Consent for Release of Student Records

In compliance with 10 U.S.C. 2102 et seq., I hereby voluntarily consent to the release of such official records as may be required by Air Force Reserve Officer Training Corps (AFROTC) Headquarters and AFROTC Detachment (Det) ____ to conduct official AFROTC business. I therefore authorize appropriate school officials to release to Det ____ personnel or to the appropriate DOD agency any and all official records, files, and data for their use in official AFROTC business.

(Student's Signature)          (Parent's Signature if student is under age 18 years of age)
If you ever applied for a military scholarship in high school and were required to complete a DoDMERB you will answer yes to this question.
You only need to mark one

If you answered yes to questions other than 5, 10, 13 please provide details of why you answered yes. Make sure to initial next to any remarks. If you have nothing to explain, mark none in this box and initial.
RESTRICTIONS ON PERSONAL CONDUCT IN THE ARMED FORCES

1. Military life is fundamentally different from civilian life. The military has its own laws, rules, customs, and traditions, including numerous restrictions on personal behavior, that would not be acceptable in civilian society. These are necessary because military units and personnel must maintain the high standards of morale, good order, discipline, and unit cohesion that are essential for combat effectiveness.

2. The Armed Forces must be ready at all times for worldwide deployment. Military law and regulations, including the Uniform Code of Military Justice, apply to service members at all times, both on base and off base, from the time the member enters the service until the member is discharged or otherwise separated from the Armed Forces.

3. Members of the Armed Forces may be involuntarily separated before their term of service ends for various reasons established by law and military regulations, such as:
   a. A member may be separated for a pattern of disciplinary infractions, a pattern of misconduct, commission of a serious offense, or civilian conviction.
   b. A member who has been referred to a rehabilitation program for personal drug and alcohol abuse may be separated for failure through inability or refusal to participate in, cooperate in, or successfully complete such a program.
   c. A member may be discharged by reason of parenthood, if it is determined the member, because of parental responsibilities, is unable to perform his or her duties satisfactorily or is unavailable for worldwide assignment or deployment.
   d. A member may be separated for failure to meet service weight control standards or physical fitness standards.
   e. A member may be separated for harassment of or violence against any service member.

DATE OF APPLICATION | NAME (Last, First, M) | SIGNATURE
May 3, 2016 | Parr, Dashiell R |
DATE OF ENLISTMENT | NAME (Last, First, M) | SIGNATURE
DATE OF COMMISSION | NAME (Last, First, M) | SIGNATURE
AFROTC FORM 500, 20110804 PREVIOUS EDITIONS ARE OBSOLETE
PRIVACY ACT STATEMENT -- US AIR FORCE APPLICATION RECORD

AUTHORITY: 10 USC Sections 133, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 1071 through 1480, 1553, 2105, 2107, 3012, 5031, 8013, 8033, 8496, and 9411; 32 USC 708; 44 USC 3101; and Executive Orders 9397, 10450, and 11652.

PURPOSE: To determine your mental, medical, and moral qualifications for entry into the US Air Force. This data is FOR OFFICIAL USE ONLY and will be maintained in strict confidence within the Department of Defense according to Federal law and regulation. If you are accepted and subsequently enter into a component of the Air Force, the information becomes a part of your military personnel records which is used to provide information for personnel management actions. If you are not accepted or do not subsequently enter a component of the Air Force, your records will be destroyed as specified by regulation.

ROUTINE USES: This information may be disclosed to the Social Security Administration and the Department of Treasury to establish a record of income; to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of a security clearance, letting of a contract, or issuance of a license, grant or other benefit; to a federal agency in response to its request in connection with the hiring or retention of an employee, issuance of a security clearance, reporting of an investigation of an employee, letting of a contract, issuance of a license, grant, or other benefit by the requesting agency to the extent that the information is relevant and necessary to the requesting agency's decision on the matter; to a congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget (OMB) in connection with review of private relief legislation as set forth in OMB Circular A19; to foreign law enforcement, security, investigatory, or administrative authorities to comply with requirements of international agreements and arrangements; to state and local taxing authorities in accordance with Treasury Fiscal Requirements Manual Bulletin 7607; to the Office of Personnel Management (OPM) concerning information on pay and leave, benefits, retirement deductions, and other information necessary for OPM to carry out its functions; to NARA for records management functions; and to the Department of Justice for pending or potential litigation.

DISCLOSURE IS VOLUNTARY: However, failure to furnish information needed to determine your mental, medical and moral qualifications for entry into the US Air Force will result in a denial of application.
If you have multiple infractions use the remaining lines to record them. You do not need to include parking tickets. Even if something was expunged or later removed from your record (such as a speeding ticket after waiting a period of time) it still needs to be included here. If you have never had a civil involvement please mark none in the first box provided.

Please initial here only after counseling with the Commander to get your infractions waived.

Cadet has been counseled that his/her conduct will be closely monitored and any future involvements with authorities may result in disenrollment investigation/dismissal. Cadet's initials of acknowledgement: ________________________________
### III. CERTIFICATION II

<table>
<thead>
<tr>
<th>TYPE OF INVOLVEMENT / ORIGINAL CITATION</th>
<th>DATE OF INVOLVEMENT</th>
<th>NAME AND ADDRESS OF ARRESTING AUTHORITY/COURT</th>
<th>DISPOSITION/FINDING AND SENTENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Were you detained, confined, or placed on probation for any of the above?  
☐ Yes ☐ No  

Was the use of drugs or alcohol cited?  
☐ Yes ☐ No  

**Action**  
☐ No action required  
☐ Waiver granted  
☐ Waiver denied  

**Corroboration requested**  
☐ Corroboration received  

**Signature of Cadet**  

**Date**  

**Remarks/Counseling**

Cadet has been counseled that his/her conduct will be closely monitored and any future involvements with authorities may result in disenrollment investigation/dismissal. Cadet’s initials of acknowledgement:  

**Signature of Authorized Representative**  

**Grade**  

**Date**  

### IV. CERTIFICATION III

<table>
<thead>
<tr>
<th>TYPE OF INVOLVEMENT / ORIGINAL CITATION</th>
<th>DATE OF INVOLVEMENT</th>
<th>NAME AND ADDRESS OF ARRESTING AUTHORITY/COURT</th>
<th>DISPOSITION/FINDING AND SENTENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Were you detained, confined, or placed on probation for any of the above?  
☐ Yes ☐ No  

Was the use of drugs or alcohol cited?  
☐ Yes ☐ No  

**Action**  
☐ No action required  
☐ Waiver granted  
☐ Waiver denied  

**Corroboration requested**  
☐ Corroboration received  

**Signature of Cadet**  

**Date**  

**Remarks/Counseling**

Cadet has been counseled that his/her conduct will be closely monitored and any future involvements with authorities may result in disenrollment investigation/dismissal. Cadet’s initials of acknowledgement:  

**Signature of Authorized Representative**  

**Grade**  

**Date**  

**AFROTC Form 35, 20100719 Reverse**
<table>
<thead>
<tr>
<th>PRIVACY ACT STATEMENT - HEALTH CARE RECORDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.</td>
</tr>
<tr>
<td><strong>1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)</strong></td>
</tr>
<tr>
<td>Sections 133, 1071-87, 3012, 3031 and 8012, title 10, United States Code and Executive Order 9397.</td>
</tr>
<tr>
<td><strong>2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED</strong></td>
</tr>
<tr>
<td>This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.</td>
</tr>
<tr>
<td><strong>3. ROUTINE USES</strong></td>
</tr>
<tr>
<td>The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.</td>
</tr>
<tr>
<td><strong>4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION</strong></td>
</tr>
<tr>
<td>In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.</td>
</tr>
<tr>
<td>This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.</td>
</tr>
<tr>
<td>Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SIGNATURE OF PATIENT OR SPONSOR</th>
<th>SSN OF MEMBER OR SPONSOR</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>XXX - XX - XXXX</td>
<td>May 3, 2016</td>
</tr>
</tbody>
</table>

DD FORM 2005, FEB 76

PREVIOUS EDITION IS OBSOLETE.
As a Rule of Thumb if you are ever asked to initial something, please use a three letter initial, unless you only have two.
If you answered yes to any of the questions other than the first, you will need to write about the instance(s) of drug use and describe your intent/likelihood of continuing with such drug use.
DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY (AETC)

MEMORANDUM OF UNDERSTANDING FOR DRUG TESTING POLICY
FOR CADETS PARTICIPATING IN SENIOR RESERVE OFFICER TRAINING CORPS
(SROTC)

By direction of the Secretary of the Air Force, I understand as an Air Force ROTC cadet participating in a SROTC program, I will be subject to random urinalysis drug testing. I understand that if I am randomly selected, I must provide the requested sample within the specified time limits. I understand failure to report for a mandatory urinalysis test will be considered an Unauthorized Absence (UA) and will result in individual command-directed screening. I understand that any individual refusing to submit a urinalysis sample or testing positive on a urinalysis test will be processed for disenrollment or dismissal from Air Force ROTC or specific officer commissioning program.

Cadet Signature and Date

Parent/Guardian Signature and Date
(Only for applicants under legal age of majority. Must be notarized if not signed in presence of detachment personnel)

Printed Name and Signature Witness (or Notary) and Date

Please read through this form but do not sign until you return your application packet to the NCO office.
STATEMENT OF UNDERSTANDING

AIR FORCE ROTC DEPENDENCY POLICY

I, Dash Parr, have been briefed on the Air Force policies concerning family care responsibility and family care responsibility as an AFROTC retention standard. (A family member is any person over whom I have legal or physical custody or control, or who relies primarily upon me for their care, maintenance, or support regardless of age). In particular, I understand the following:

a. (Non-contract Cadet) If I am/become unmarried or marry (to include a common-law spouse) a military member (including another AFROTC cadet), and become responsible for any family member incapable of self-care I must acquire and maintain an approved Family Care Plan IAW AFI 36-2908, Family Care Plans, that will adequately cover my time in AFROTC. If I am unable or unwilling to create or maintain such a family care plan, I will no longer meet AFROTC retention standards. In such a case, I would then be subject to disenrollment from AFROTC for failure to maintain military retention standards. If I am disenrolled, I will also be subject to recoupment of my scholarship benefits.

b. (Contract Cadet) If I am disenrolled from AFROTC after becoming a contract cadet I am subject to call to EAD in my enlisted grade, recoupment of scholarship benefits or release. If I have more than two (three with an approved waiver) dependents incapable of self-care I do not meet enlisted accession standards and cannot be subject to EAD in my enlisted grade. I can only be subject to recoupment or release.

<table>
<thead>
<tr>
<th>Certification Reason</th>
<th>Certification Reason</th>
<th>Certification Reason</th>
<th>Certification Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application ☑</td>
<td>Application [ ]</td>
<td>Application [ ]</td>
<td>Application [ ]</td>
</tr>
<tr>
<td>Enlistment [ ]</td>
<td>Enlistment [ ]</td>
<td>Enlistment [ ]</td>
<td>Enlistment [ ]</td>
</tr>
<tr>
<td>Commissioning [ ]</td>
<td>Commissioning [ ]</td>
<td>Commissioning [ ]</td>
<td>Commissioning [ ]</td>
</tr>
<tr>
<td>Dependency Status Chg [ ]</td>
<td>Dependency Status Chg [ ]</td>
<td>Dependency Status Chg [ ]</td>
<td>Dependency Status Chg [ ]</td>
</tr>
</tbody>
</table>

May 3, 2016

Date

Dash Parr
Cadet Printed Name

Cadet Signature

Cadre Printed Name

Cadre Signature
If you are married and/or have children you will need to list them here. Provide their full name, relation to you, and their date of birth.
INSTRUCTIONS

This form is mandatory for all applicants applying for enlistment, commissioning or appointment in the Air Force (AF). Complete in accordance with AFI 36-2002 and the following instructions:

Section I, Marital Status.

Applicant marks the applicable marital status.

Section II, Statement of Understanding.

Applicant initials all paragraphs to acknowledge his/her understanding. (NOTE: When applicant furnishes proof of permanent transfer of all rights to the legal, physical, or other responsibility for the custody, control, care, maintenance, and support of a dependent under 18-years of age through formal adoption, they will not be considered a dependent for accession purposes.)

Section III, Remarks.

If a dependency eligibility/waiver is required and approved; list date of approval, approving official, and position. If there are no comments, enter "None" and applicant must initial.

Section IV, Applicant Certification.

Self explanatory.

Section V, Recruiter Certification.

Self explanatory.

Section VI, Applicant Final Certification.

Complete on date of final enlistment, commissioning or appointment. (NOTE: Do not complete at time of delayed enlistment program (DEP) entry.) Ensure all changes to applicant's marital and dependent status are annotated in Section III.

Section VII, Air Force Representative.

Complete on date of final enlistment, commissioning, or appointment, marital and dependent status are annotated in Section III. (NOTE: Do not complete at time of DEP entry.)
RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT

PRIVACY ACT STATEMENT


PRINCIPAL PURPOSE(S): To document your understanding of the prohibitions identified in section 7 of this form.

ROUTINE USE(S): The DoD Blanket Routine Uses found at http://dplo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx apply to this collection.

DISCLOSURE: Voluntary. However, if you fail to provide the requested information or complete this form, you might not be able to complete your enlistment or receive training.

INSTRUCTIONS

In accordance with DoDI 1304.33, this form will be read and signed no later than the first visit with a recruiter following a recruit's entry into the Delayed Entry Program or read and signed original will be retained in the recruit command or school they are attending. Please statement.

1. RECRUIT/TRAINEE NAME (Last, First, Middle)  
   Farr, Dashiel, Robert

2. PAY GRADE  
   Cadet

3. RECRUITING OFFICE/TRAINING COMMAND  
   Det 855

4. RECRUITING OFFICE/TRAINING COMMAND ADDRESS (City, State, ZIP Code)  
   280 Wells Bldg BYU

5. DATE SIGNED (YYYYMMDD)  
   20160503

6. SIGNATURE  
   D Farr

7. I ACKNOWLEDGE AND UNDERSTAND THAT AS A RECRUIT OR TRAINEE, I WILL NOT:  
   (initial)  
   DRP  
   a. Develop, attempt to develop, or conduct a personal, intimate, or sexual relationship with a recruiter or trainer. This includes, but is not limited to, dating, handholding, kissing, embracing, caressing, and engaging in sexual activities. Prohibited personal, intimate, or sexual relationships include those relationships conducted in person or via cards, letters, e-mails, telephone calls, instant messaging, video, photographs, social networking, or any other means of communication.
   DRP  
   b. Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.
   DRP  
   c. Consume alcohol with a recruiter/trainer on a personal social basis.
   DRP  
   d. Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/trainer.
   DRP  
   e. Allow entry of any recruiter/trainer in my dwelling or privately-owned vehicle except to conduct official business. Exceptions are permitted for official business when the safety or welfare of the recruiter/trainer is at risk.
   DRP  
   f. Gamble with a recruiter/trainer.
   DRP  
   g. Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer.
   DRP  
   h. Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer.

8. EXCEPTIONS. Exceptions may be granted to accommodate relationships that existed prior to the start of the recruiting process or prior to the trainee starting the formal training process. These relationships include, but are not limited to, family members. Only the Recruit's or Trainee's Commander, O-4 or higher, or higher level authority, has the authority to approve these exceptions. Approved exceptions will be documented below and signed by the Recruit's or Trainee's Commander, O-4 or higher, or a higher-level authority.

   DESCRIPTION OF EXCEPTION(S):  
   (initial)

9. VIOLATIONS. Violations of any part of paragraph 7.a. through 7.h., not granted an exception in paragraph 8, may result in disciplinary action.

   (initial)

10. APPROVED BY  
   a. NAME (Last, First, Middle Initial)  
   b. TITLE  
   c. DATE SIGNED (YYYYMMDD)  
   d. SIGNATURE/RANK

DD FORM 2983, JAN 2015
FITNESS SCREENING QUESTIONNAIRE

Figure A4.1. Fitness Screening Questionnaire.

FITNESS SCREENING QUESTIONNAIRE

You are being asked these questions for your safety and health. The AF Fitness Assessment (FA) is a maximum-effort test. Airmen who have not been exercising regularly and/or have other risk factors for a heart attack (increasing age, smoking, diabetes, high blood pressure, etc.) are at increased risk of injury or death during the test. Answering these questions honestly is in your best interest.

1. Have you experienced any of the symptoms/problems listed below and not been medically evaluated and cleared for unrestricted participation in a physical training program?
   a. Unexplained chest discomfort with or without exertion
   b. Unusual or unexplained shortness of breath
   c. Dizziness, fainting, or blackouts associated with exertion
   d. Other medical problems that have not been evaluated, optimally treated, or not already addressed in an AF Form 469, that may prevent you from safely participating in this test (e.g. heart disease, sickle cell trait, asthma, etc.).
   e. Family history of sudden death before the age of 50 years

☑ Yes: Stop. Notify your UFPM and contact your PCP/MLO for evaluation/recommendations (or for ARC, contact the MLO for Duty Limiting Conditions (DLC) documentation and referral to PCP). Hand carry this form to medical evaluation.
☑ No: Proceed to next question.

2. Are you 35 years of age or older?

☑ Yes: Proceed to next question.
☑ No: Stop. Sign form and return to your UFPM. Member may take the FA.

3. Have you engaged in vigorous physical activity (i.e., activity causing sweating and moderate to marked increases in breathing and heart rate) averaging at least 30 minutes per session, 3 days per week, over the last 2 months?

☑ Yes: Stop. Sign form and return to your UFPM. Member may take the fitness assessment.
☑ No: Proceed to the next question.

4. Do one (1) or more of the following risk factors apply to you?
   - Smoked tobacco products in the last 30 days
   - Diabetes
   - High blood pressure that is not controlled
   - High cholesterol that is not controlled
• Family history of heart disease (developed in father/brother before age 55 or mother/sister before age 65)
• Age > 45 years for males; > 55 years for females

☐ Yes: Stop and notify UFP2.

NOTE: RegAF and ANG (Title 10 status): If member was cleared for entry into a fitness program at his/her last physical health assessment (PHA) and his/her PHA is current, the member will take the FA. If not cleared, refer member to PCM for evaluation, and, if medically cleared for unrestricted fitness program, the member will take the FA.

AFR: If member was cleared for participation into a fitness program at a PHA within the last 12 months, the member will take the FA. If not previously cleared, member will be referred to PCP for evaluation and, if medically cleared for unrestricted fitness program, the member will take the FA. Refer member to MLO if there is any combination of smoking, diabetes, uncontrolled high blood pressure, and/or uncontrolled high cholesterol. MLO will update medical records and/or initiate DLC documentation.

ANG (Title 32 status): Refer member to MLO if there is any combination of smoking, diabetes, uncontrolled high blood pressure, and/or uncontrolled high cholesterol. MLO will update medical records and/or initiate DLC documentation.

☐ No: Stop. Sign form and return to your UFP2. Member will take the FA.

If member experiences any of the symptoms listed in Question #1 during the fitness assessment, he/she should stop the test immediately and seek medical attention immediately.

Signature: [Signature]
Printed Name: [Printed Name]
Duty Phone: [Duty Phone]
Rank: [Rank]
Office Symbol: [Office Symbol]
Date: [Date]

Authority: 10 USC 8013. Routine Use: This information is not disclosed outside DoD. Disclosure is Mandatory. Failure to provide this information may result in either administrative discharge or punishment under the UCMJ.
You will need to have this completed by a personal physician prior to starting PT and being made an active cadet.
Even If their addresses are the same please write the entire address out every time it is asked. Writing Same as above will not be accepted and we will ask you to redo the form.
<table>
<thead>
<tr>
<th>11a. BENEFICIARY(IES) FOR DEATH GRATUITY</th>
<th>11b. RELATIONSHIP</th>
<th>11c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</th>
<th>11d. PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parr, Robert I.</td>
<td>Father</td>
<td>1200 Park Ave. Emergyville, CA 94608 (xxx) xxx-xxxx</td>
<td>50%</td>
</tr>
<tr>
<td>Parr, Helen E.</td>
<td>Mother</td>
<td>1200 Park Ave. Emergyville, CA 94608 (xxx) xxx-xxxx</td>
<td>50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES</th>
<th>12b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</th>
<th>12c. PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parr, Helen E. (mother)</td>
<td>1200 Park Ave. Emergyville, CA 94608 (xxx) xxx-xxxx</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)</th>
<th>13b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parr, Helen E. (mother)</td>
<td>1200 Park Ave. Emergyville, CA 94608 (xxx) xxx-xxxx</td>
</tr>
</tbody>
</table>

14. CONTINUATION/REMARKS

None

DD FORM 93 (BACK), JAN 2008
Form 48 Basics:

- Form 48 needs to be PRINTED LEGIBLY IN PENCIL OR PEN

- When you bring in your Form 48, have an NCO look it over to make sure it is ok.

- You need to get signatures from you Academic Advisor and AFROTC Officer at the BEGINNING of every semester.

- Make sure you have at least **12 graded hours of credit** every semester. Any less than this will result in a Conditional Event. (Dropped classes DO NOT contribute to graded credit hours. Audited classes DO NOT contribute to graded credit hours. Failed classes DO contribute to graded credit hours.)

- If you are planning on going on a mission, do not include it on your Form 48 until you return from your mission. Once you return from your mission you will recreate your Form 48 including the time you spent away on a mission, and you will change your DOC/DOG.

- Your Form 48 needs to include:
  - Future PT
  - Completed Mission
  - Future Studies Abroad

- If you have declared a major, you need to have the Form 48 **filled out until graduation**. If you are a freshman without a declared major, you only need to fill out two semesters the Form 48.

- Talk to an officer if you need help determining your DOC/DOG, Major, Mission/Study Abroad timing.

Section I

1. **NAME** (Last, First, MD):
   a. EX: Jones, Thomas P.

2. **ACADEMIC INSTITUTION/AFROTC DETACHMENT**
   a. EX: Brigham Young University/Det 855
   b. EX: Utah Valley University/Det 855

3. **ACADEMIC MAJOR**
   a. EX: Biology
4. **INSTITUTION OFFICIAL REVIEW:** (You need to have your academic advisor look over the completed Form 48 and have them sign and date this box. By signing this box they are certifying that according to the plan laid out on the Form 48, you will graduate by your declared DOC/DOG.)

5. **INITIAL REVIEW:**
   a. **COMPLETION OF THIS EDUCATION PLAN SHOULD RESULT IN MY OBTAINING A:** (type the degree you are going to obtain)
      i. BA
   b. **DEGREE DURING:** (type your DOC/DOG)
      i. Spring 2014

6. **I CERTIFY THAT I HAVE SUCCESSFULLY COMPLETED ALL DEGREE REQUIREMENTS AND WILL GRADUATE AS STATED IN BLOCK 5:** (You will sign this block when you are graduating. **DO NOT** sign it before then.)

7. **STUDENT’S SIGNATURE:** (sign here)

8. **AFROTC REVIEWER’S SIGNATURE/DATE:** Have an officer review your entire Form 48. He will be checking to see if you have the correct DOC/DOG, that your DOC/DOG matches WINGS, that you have planned for at least 14 credits each semester, etc.

**Section II**

- Fill out a section for every semester you have completed, as well as any college-level classes you have taken (this includes AP credits).

- If you have more classes than slots for a term, use the next term box to complete the list of classes. Title this overflow section as the correct semester. You will only need to get one of these boxes for the semester signed by your counselor and an officer.

- Write in your class registration numbers, class title, credit hours of each class.

- Accumulate the credits of that semester and type into “TOTAL CREDIT HOURS ATTEMPTED.”

- Boxes labeled “Credit Hours Completed” and “Deviations” will be filled out at the end of the semester by an Officer, so **LEAVE THEM BLANK.**

- In “Remarks” section, have your academic advisor sign and date at the BEGINNING of the semester.
• Sign in the box labeled “Student’s Signature”

• Have an Officer sign in the box “AFROTC Reviewer’s Signature/Date” at the BEGINNING of the semester.

***If you have any questions, just call us at 801-422-7723. It’s better to ask us and turn it in correct the first time than to have to re-do it.
<table>
<thead>
<tr>
<th>Course Title</th>
<th>AP Credit</th>
<th>Total Credit Hours Attempted</th>
<th>Total Credit Hours Earned</th>
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<td>Math 221</td>
<td>AP Calculus</td>
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<tr>
<td>Eng 115</td>
<td>AP English</td>
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<tr>
<td>Hist 220</td>
<td>AP Credit</td>
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**Academic Planning Review**

- **Required Block:** Signature of Academic Advisor
- **Signature Block:** Signature of Department Chair

**Initial Review**

- Name (first name)
- Degree (BS in Psychology and Developmental Biology)
- Initial Review Date: 07-01-09

**Signature Line:**

- Signature of Instructor
- Signature of Academic Advisor

**Notation:**

- AP-14
- AP-14
- AP-14
- AP-14

**Administrative Data:**

- Grade Point Average
- Credits Earned
- Credits In Progress
- Credits Required for Graduation
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<thead>
<tr>
<th>Course Title</th>
<th>Course Number</th>
<th>Credit Hours</th>
<th>Term</th>
<th>Year</th>
<th>Year</th>
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**TOTAL CREDIT HOURS ATTEMPTED:** 16

**REMARKS:**

Signature of Instructor (Date)
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<td>AERS 301</td>
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<td>FEI C 333</td>
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<td>Into Spanish Literature</td>
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**TOTAL CREDIT HOURS ATTEMPTED:** 15
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<td>National Security Affairs</td>
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**Total Credit Hours Attempted:** 13.5

**Term:** Fall

**Year:** 2013

**Student Signature:** [Signature]

**Term Re-evaluation Completed:** 10/19/13

**Remark:** [Initials]

**Total Credit Hours Attempted:** 17

**Term:** Fall

**Year:** 2013

**Student Signature:** [Signature]