



DEPARTMENT OF THE AIR FORCE

AIR UNIVERSITY (AETC)

MEMORANDUM FOR ENLISTED COMMISSIONING PROGRAM SELECTS

FROM: HQ AFROTC/RRUE

SUBJECT: Post-Selection Actions for Enlisted Commissioning Program Selects

1. Congratulations on being selected to join the Air Force Reserve Officer Training Corps program.
2. You must complete the following actions in order for us to authorize discharge from active duty and entry into the Air Force ROTC program. If you fail to accomplish these actions, or you fail to meet any of the commissioning standards listed in AFI 36-2005, AFI 36-2013, and AFROTCI 36-2011 your selection will be withdrawn. Do not contact AFPC concerning your discharge unless you have received a copy of the discharge authorization letter. Once you receive a copy, you apply for separation via vMPF and attach the authorization letter to your application. All documents need to be legible and emailed to afrotc.rrue@maxwell.af.mil.
 - a. **NLT 01 March 2014**, return the Enlisted Commissioning Program Return Letter (Attachment 1) and the Statement of Understanding (Attachment 2).
 - b. Letter of Acceptance for fall 2014 to the academic program and to the school you plan to attend.
 - c. Submit up-to-date college transcript(s) that were not included in the application package. If you transferred any credits towards your degree, failed and/or withdrew from any courses, you must re-accomplish an approved academic plan. **Note: If you have not maintained a 2.5 cumulative GPA or higher, we will not issue a discharge authorization and you will no longer be eligible for the program. AFROTCI 36-2011 requires all students to have a CGPA of 2.5 or higher from all college coursework to activate their scholarship.** Transcripts need to be emailed front to back and be legible.
 - d. **NET 90 days prior to your class start date**, you must take and pass the Air Force Physical Fitness Assessment (PFA) and do a height and Body Mass Index (BMI) check (Attachment 3). If you exceed your maximum allowable BMI, you must submit a body fat measurement.
 - e. **NET 90 days prior to class start date**, provided an updated family care plan if applicable.
 - f. **NET 90 days prior to class start date**, provide and updated SURF.
 - g. **NET 90 days prior to class start date**, provide and updated AF Form 422 Physical Profile Serial Report or PHA documentation stating - "Based on full record review the member is medically qualified for continued enlistment, commissioning, and is cleared for worldwide duty. Member does not have an AF for 469 Duty Limiting Condition Report, describing duty limitations or exemption from any component for fitness testing." This must be signed by the PES, Profile Officer, and Health Care Provider (*minimum 2 signatures*).
3. All documents need to be provided **NLT 45 days prior to your class start date**.
4. Contact TSgt Vargas-Diaz at DSN 493-7008 or email at david.vargas_diaz.1@us.af.mil if you have any questions.

DAVID VARGAS-DIAZ, TSgt, USAF
NCOIC, Enlisted Commissioning Programs

Attachments:

1. Return letter for ECP selects Template
2. Statement of Understanding Template
3. Physical Fitness Assessment Letter Template

MEMORANDUM FOR HQ AFROTC/RRUE

FROM: (Applicant's Last, First and Middle Name)
(Applicant's Unit of Assignment)
(Unit of Assignment Address)
(Base and Zip Code)

SUBJECT: Enlisted Commissioning Program Return Letter

1. I, (Rank, First, Last) who was selected for (enter program ASCP, SOAR or POC-ERP), certify I have read and understand the Post-Selection Actions requirements of the Enlisted Commissioning Program Selects Letter. I will forward copies of all the documents/data requested in the letter as appropriate.

2. I plan on attending college at: _____, Detachment _____.

3. I plan to major in: _____.

4. The annual tuition cost for the school I plan to attend is \$_____.

5. My class start date is: (Day/Month/Year) _____.

6. I plan to graduate and commission in: (Month/Year)_____.

7. You can contact me at DSN: _____ or COMM: _____, or via email at,
_____.

Applicant's Signature Block

MEMORANDUM FOR HQ AFROTC/RRUE

FROM: (Please print selectee's name)

Subject: Statement of Understanding

1. I have reviewed the Post-Selection Procedures listed on the HQ AFROTC Enlisted Commissioning Programs website <http://www.afoats.af.mil/AFROTC/EnlistedComm/post.asp>.
2. I understand that I have been selected to participate in the program under the major identified on the selection notification list and any requests to change majors may result in my selection being withdrawn. The major I have been selected for is _____.
3. I understand that notification of selection for the AFROTC Scholarship Program is not authorization to discharge from active duty.
4. I understand that I must complete all required post-selection actions before HQ AFROTC will forward my authorization for discharge from active duty.
5. I understand I must report changes in medical status to HQ AFROTC/RRUE. Failure to report changes in medical status may result in revocation of selection. If changes occur, I must submit a new AF Form 422 stating I am still qualified for retention before I will be authorized to separate for AFROTC.
6. I understand if I am currently taking college courses, I must submit an up-to-date transcripts. I understand if I transfer any credits towards my degree or I fail and/or withdraw from any courses or change the order of classes, I must re-accomplish an approved academic plan before HQ AFROTC will grant authorization for discharge from active duty.
7. I understand failure to complete the required actions could result in revocation of selection for the AFROTC Scholarship Program.
8. I understand once I separate I must contract in AFROTC within 24 hours of my date of separation. Failure to do so will result in return to active duty.
9. I understand that due to my selection for the AFROTC Scholarship Program I am not eligible to apply for any other AFROTC Scholarship Program. Applying for future AFROTC Scholarship Programs will result in forfeiture of selection.

Selectee's Signature Block

MEMORANDUM FOR HQ AFROTC/RRUE

FROM: (Evaluator's Rank, First Name, Middle Initial, and Last Name)
 (Evaluator's Unit of Assignment)
 (Unit of Assignment Address)
 (Base and Zip Code)

SUBJECT: Air Force Fitness Assessment (FA) and Body Mass Index (BMI) Certification

1. I certify that RANK/NAME completed the Air Force BMI and FA on DATE IAW AFI 36-2905, *Fitness Program*, DoDI 1308.3, *DoD Physical Fitness and Body Fat Programs Procedures*, AFI 36-2013 *Officer Training School (OTS) and Enlisted Commissioning Programs (ECPS)*, and AFROTCI 36-2011 *Cadet Operations*.

Results are as follows:

SSN: _____ Age: ____ Height: _____ Weight: _____ Max Weight: _____

Body Fat Measurement if over BMI: _____ (Max Body Fat 20% Males / 28% Females)

Component	Time/Reps/Measurement	Score	Minimum Value Met
1.5-Mile Run			Y / N
Push-ups			Y / N
Sit-ups			Y / N
Body Composition	1: ____ 2: ____ 3: ____ Avg: ____		Y / N
Category: Excellent	Satisfactory	Unsatisfactory	Total:

2. If you have any further questions, my duty phone number is DSN: (phone number), commercial (phone number), or e-mail address is (enter e-mail address.)

(Evaluator's Signature)
 (Typed Name, Rank, USAF)

*** Evaluator must be Unit Fitness Program Manager**

1st Ind, Certifying Officer's Office Symbol

MEMORANDUM FOR HQ AFROTC/RRUE

I certify that the FA and BMI conducted on (Applicant's Rank and Name) are valid, and administered by a unit fitness program manager.

(Certifier's Signature)
 (Typed Name, Rank, USAF)

***Certifier must be a Flight Commander, First Sergeant or Squadron Commander**