



AFROTC DETACHMENT 207 ENROLLMENT CHECKLIST

Prior to AFROTC enrollment you **MUST** speak with our Detachment Cadre. You will not be able to enroll without speaking to Cadre first.

Registration

1. Register in the appropriate AS (Aerospace Studies) Class and corresponding Leadership Laboratory (LLAB).
 - a. Review term schedule to identify [Course Code](#) for university.
 - b. Review SLU [Course Search](#) for time verification.
 - c. AS and LLAB execution will be at SLU. You are responsible for managing class conflicts.

Application

2. Complete AFROTC application on [WINGS](#)
 - View [Application Guide](#) for step-by-step process
 - Ensure all sections are completed.
 - For the "Dependents" section ensure you answer the questions by clicking next
 - "Questions/Acknowledgements" section – answer EVERY question/acknowledgement.
 - "Releases & Forms" section
 - a. Print & complete forms, upload them in "Supporting Documents" section.
 - b. Bring physical copies of all forms to detachment in-processing.

**USE HYPERLINKS TO RECEIVE
ADDITIONAL
INSTRUCTIONS/DOCUMENTS**

Illinois State Tuition Waiver

3. (Optional) Apply for [Illinois State Tuition Waiver](#) (For Illinois residence attending SIUE, SWIC)
 - a. Email documents to AFROTC@slu.edu **DEADLINE: 31 Jul (FALL TERM) | 31 Dec (SPRING TERM)**
 - ISTW Application
 - Illinois State Tuition Waiver SoU
 - PFA Certification
 - 500 Word Essay: "Why do you want to commission in the Department of the Air Force?"

In-Process (Do not start until steps 1 & 2 are completed)

4. Schedule an [appointment](#) to meet with detachment cadre and turn in the following documents:
 - Social Security Card (original; must be signed)
 - Birth Certificate (original or official certified true copy)
 - ACT/SAT Scores - actstudent.org, collegeboard.com, on high school transcript
 - Completed [AFROTC Form 48](#) (Academic Degree Plan)
 - Completed AFROTC Form 28 (template on next page) (any medical provider)
 - N/A if you received AFROTC scholarship
 - Selective Service Verification, www.sss.gov (all males over 18)
 - College transcript (if applicable, can be unofficial copies)
 - DD Form 214 (if applicable) - Prior military only
 - Air Force Officer Qualification Test (AFOQT) Scores (if applicable)
 - JROTC, CAP, Eagle Scout, Girl Scouts Gold Palm certificates (if applicable)

AIR FORCE ROTC PRE-PARTICIPATORY SPORTS PHYSICAL

1. CADET/APPLICANT NAME	2. AFROTC DETACHMENT
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MEDICAL AUTHORITY: Measure height and weight of cadet/applciant. Compare results to AF standards listed on reverse, check block 7 and certify as requested below.

AFROTC CADRE: If cadet/applciant exceeds AF weight standards, conduct a Body Fat Measurement IAW DoDI 1308.3.

3. CADET/APPLICANT MEASUREMENTS	HEIGHT	WEIGHT
4. AIR FORCE WEIGHT STANDARDS (found on reverse)	MINIMUM	MAXIMUM

5. BODY FAT MEASUREMENT	6. BODY FAT STANDARDS: FEMALE - 26% MALE - 18%	7. CHECK APPLICABLE BOX <input type="checkbox"/> WITHIN AIR FORCE WEIGHT STANDARDS <input type="checkbox"/> EXCEEDS AIR FORCE WEIGHT STANDARDS <input type="checkbox"/> BELOW AIR FORCE WEIGHT STANDARDS
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8. MEDICAL AUTHORITY: PLEASE REVIEW THE ABOVE INFORMATION. CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN.

I, (print name), HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED

HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:

9. (IF CADET/APPLICANT IS BELOW AIR FORCE WEIGHT STANDARDS)
 I CERTIFY THIS CADET/APPLICANT'S LEAN BODY MASS POSES NO HEALTH RISK; NO SIGNS OF EATING DISORDERS EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. (Medical Authority Initials)

10. (IF CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)
 I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT. (Medical Authority Initials)

11. (FOR ALL CADETS/APPLICANTS)
 I DID / DID NOT (please circle) FIND MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM. IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN:

EXAMINATION DATE	PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE

AFROTC CADRE: REVIEW THE INFORMATION ENTERED ABOVE AND SIGN BELOW:

DATE	AFROTC CADRE SIGNATURE