

CADET PETITION FOR PROMOTION REVIEW BOARD

PCR-CA-441

INSTRUCTIONS: The purpose of this form is to apply for the board of review necessary for promotion in the Cadet Program. Section One is to be completed by the Cadet applicant and submitted to the chain of command, **AT LEAST ONE WEEK PRIOR TO THE DESIRED REVIEW BOARD DATE**. Please be certain to compile all of the necessary data required in Section One before submitting the form to your chain of command.

SECTION ONE

TO BE COMPLETED BY THE APPLICANT

LAST NAME, FIRST, MI		CAPSN	PRESENT GRADE	NAME OF ACHIEVEMENT REVIEWING FOR	
LEADERSHIP TEST # AND SCORE	DATE OF LEADERSHIP TEST	AEROSPACE TEST # AND SCORE	DATE OF AEROSPACE TEST	CFPT SCORE	

SECTION TWO

TO BE COMPLETED BY THE APPLICANT'S IMMEDIATE SUPERVISOR (E.G. FLT SGT, FLT CDR)

As the applicant's supervisor, I hereby affirm that the Cadet petitioning for a promotion review board has been an active participant in my chain of command, and has met or exceeded satisfactory performance standards as established by Squadron SOP and CAP regulations. I firmly believe that this Cadet should be granted a review board for promotion.

NAME AND GRADE OF SUPERVISOR	SIGNATURE AND TITLE OF SUPERVISOR
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SECTION THREE

TO BE COMPLETED BY THE LEADERSHIP OFFICER

I hereby certify the following:

Applicant participation in at least 50% of Moral Leadership training

Applicant attendance of at least 75% of regular Squadron meetings

Applicant participation in Squadron physical fitness training

Flight Commander's approval

I affirm that the applicant has satisfied the requirements for this achievement, in accordance with CAPR 52-16, and is a member in good standing. I believe that the applicant should be granted a review board for promotion.

SIGNATURE OF LEADERSHIP OFFICER

SECTION FOUR

TO BE COMPLETED BY THE SQUADRON COMMANDER

I hereby grant review board authorization for this applicant.

SIGNATURE OF SQUADRON COMMANDER

SECTION FIVE

REVIEW BOARD RECOMMENDATIONS

REMARKS:

NAME, GRADE AND POSITION OF REVIEW BOARD MEMBERS	PASS	FAIL	DATE OF REVIEW
_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	