

OCS STUDENT ENROLLMENT PREREQUISITE CHECKLIST

NAME (LAST, FIRST, MI) _____ SSN: (LAST 4) _____ STATE _____

____ TRADITIONAL PROGRAM ____ AOCS PROGRAM

____ EMERGENCY CONTACT INFORMATION SHEET

____ ENROLLMENT APPLICATION (NOT REQUIRED FOR 09S)/ ATRRS RS PRINTOUT

____ LETTER OF RECOMMENDATION / NOT REQUIRED FOR 09S ENLISTMENT OPTIONS OR ARMY RESERVE SOLDIERS

____ ETS DATE: (_____) MUST BE LATER THAN END OF COURSE (*30 APRIL 20XX OR ONE YEAR AFTER START OF PHASE 0)(PQR
PRINTOUT OR DA 4836)

____ DTS AND DAMPS TDY/TRAVEL ORDERS: PHASE I:____ PHASE II:____ PHASE III:____

____ PROMOTION: COPY OF PROMOTION ORDERS TO E-5 (NOT REQUIRED FOR ENROLLMENT, EXECUTE ON DAY 1 OF PHASE 1)

____ AGE: DOB (_____) BIRTH CERTIFICATE, MUST NOT EXCEED 41 YEARS AND 364 DAYS AT TIME OF INITIAL APPOINTMENT

____ BIRTH CERTIFICATE / NATURALIZATION CERTIFICATE / ASSUMED NATURALIZATION (PASSPORT). NAME CHANGE DOCUMENTS
(IF APPLICABLE)

____ MEDICAL (1): IMR – ALL CATEGORIES GREEN; A COPY OF THE MEDICAL PROTECTION SYSTEM (MEDPROS) INDIVIDUAL
MEDICAL READINESS (IMR) MEDICAL RECORD PRINT OUT MUST ACCOMPANY THE APPLICANT'S OCS ENROLLMENT PACKET

____ MEDICAL (2): DD 2808 CHAPTER 2 COMMISSIONING PHYSICAL (AND MEDICAL WAIVERS IF NECESSARY) CANNOT EXPIRE
BEFORE EXPECTED GRADUATION DATE, GOOD FOR TWO YEARS FROM TIME OF DOCTORS SIGNATURE

____ EDUCATION: CERTIFIED COLLEGE TRANSCRIPT. SEMESTER HOURS ____ DEGREE ____ (MINIMUM OF 90 SEMESTER HOURS
TOWARD AN ACCREDITED DEGREE AND A SEPARATE APPROVED DEGREE PLAN PRIOR TO ENROLLMENT)

____ TEST SCORES (REDD REPORT): GT SCORE (MIN 110) SCORE: ____ (NON WAIVERABLE)

____ PRIOR TRAINING: COPY OF DD 214/DD 220 / NGB22, REFLECTING ALL ACTIVE DUTY, USAR AND NATIONAL GUARD SERVICE;
MUST INCLUDE PROOF OR ARMY BASIC COMBAT TRAINING OR MARINE CORPS BOOT CAMP

____ 09S OCS ENLISTMENT OPTION: PROVIDE COPY OF DD FORM 1966 – (NOT APPLICABLE for NON 09S')

____ SECURITY CLEARANCE MEMO: MINIMUM INTERIM CLEARANCE AT THE DISCRETION OF THE STATE SECURITY MANAGER

____ WAIVERS: MORAL/CIVIL CONVICTION WAIVERS *PER NGR 600-100, DATE 22 NOV 2022 (*MUST BE COMPLETED PRIOR TO
START OF COURSE)

____ OCS BIO'S (PROVIDE 2 COPIES) PLACED IN PART 2

____ ACFT: DA FORM 705 (WITHIN 60 DAYS OF PHASE 1 IF ATTENDING AOCS) PLACED IN PART 6

____ HEIGHT/WEIGHT: DA FORM 5500-R OR DA FORM 5501-R (NONWAIVERABLE) PLACED IN PART 6

HT/WT ____/____ BODY COMPOSITION ____% MAX ALLOWABLE ____%

____ OPAT: OPAT SCORE CARD (MODERATE SCORE OR BETTER) (USACIMT EDITION 6 JULY 2016 V10.1)

MEETS PREREQUISITES: _____ DOES NOT MEET PREREQUISITES: _____ (SEE REMARKS)

REMARKS: _____

QA REPRESENTATIVE: _____ DATE: _____

POC FOR OCS STATE REP: RANK/NAME: _____ EMAIL: _____

TELEPHONE NUMBER OFFICE: _____ CELL: _____