| | OCS STUDENT ENR | OLLMENT PREREQ | UISITE CHECKLIST | |
|--|--------------------|--------------------|----------------------------|---|
| NAME (LAST, FIRST, MI) | | | SSN: (LAST 4) | STATE |
| TRADITIONAL PROGRAM | AOCS PROGRAM | 1 | | |
| EMERGENCY CONTACT INFOR | MATION SHEET | | | |
| ENROLLMENT APPLICATION (N | NOT REQUIRED FO | R 09S)/ ATRRS RS P | RINTOUT | |
| LETTER OF RECOMMENDATION / NOT REQUIRED FOR 09S ENLISTMENT OPTIONS OR ARMY RESERVE SOLDIERS | | | | |
| ETS DATE: MUST BE | LATER THAN END | OF COURSE (*30 A | APRIL 2027 OR ONE | YEAR AFTER START OF PHASE 0)(PQR |
| PRINTOUT OR DA 4836) | | | | |
| DTS AND DAMPS TDY/TRAVE | L ORDERS: PHASE I | I: PHASE II: | PHASE III: | |
| PROMOTION: COPY OF PROM | OTION ORDERS TO | E-5 (NOT REQUIRI | ED FOR ENROLLMEN | IT, EXECUTE ON DAY 1 OF PHASE 1) |
| AGE: DOB BIRTH | CERTIFICATE, MUS | T NOT EXCEED 41 Y | EARS AND 364 DAYS | S AT TIME OF INITIAL APPOINTMENT |
| BIRTH CERTIFICATE/ NATURAL | LIZATION CERTIFICA | ATE/ US PASSORT N | IAME CHANGE DOC | UMENTS (IF APPLICABLE) |
| | | | | STEM (MEDPROS) INDIVIDUAL LICANT'S OCS ENROLLMENT PACKET |
| MEDICAL (2): DD 2808 CHAPT BEFORE EXPECTED GRADUATI | | • | | S IF NECESSARY) CANNOT EXPIRE DRS SIGNATURE |
| EDUCATION: CERTIFIED COLLE TOWARD AN ACCREDITED DE | | | DEGREE EGREE PLAN PRIOR | (MINIMUM OF 90 SEMESTER HOURS TO ENROLLMENT) |
| TEST SCORES (REDD REPORT): | GT SCORE (MIN 12 | 10) 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 CONV | /ICTION WAIVERS | *PER NGR 600-100 | , DATE 22 NOV 2022 | (*MUST BE COMPLETED PRIOR TO |
| OCS BIO'S (PROVIDE 2 COPIES |) PLACED IN PART 2 | 2 | | |
| AFT: DA FORM 705 (WITHIN 6 | 0 DAYS OF PHASE 1 | LIF ATTENDING AO | CS) PLACED IN PART | 6 |
| HEIGHT/WEIGHT: DA FORM 5 | 500-R OR DA FORN | л 5501-R (NONWA | IVERABLE) PLACED I | N PART 6 |
| HT/WT / BODY CO | OMPOSITION | % MAX ALLOWAB | LE % | |
| OPAT: OPAT SCORE CARD (MODERATE SCORE OR BETTER) (USACIMT EDITION 6 JULY 2016 V10.1) | | | | |
| MEETS PREREQUISITES: | DOES NOT MEE | T PREREQUISITES: | (SEE REMA | RKS) |
| REMARKS: | | | | |
| QA REPRESENTATIVE: | | | DATE: | |

EMAIL:

CELL:

POC FOR OCS STATE REP: RANK/NAME:

TELEPHONE NUMBER OFFICE: