OCS STUDENT ENROLLMENT PREREQUISITE CHECKLIST FY 2024

NAME (LAST, FIRST, MI)	SSN: (LAST 4)	STATE
TRADITIONAL PROGRAM AOCS PROGRAM		
EMERGENCY CONTACT INFORMATION SHEET		
ENROLLMENT APPLICATION (NOT REQUIRED FOR 099	S)/ ATRRS RS PRINTOUT	
LETTER OF RECOMMENDATION / NOT REQUIRED FOR	R 09S ENLISTMENT OPTIONS OR AR	MY RESERVE SOLDIERS
ETS DATE: () MUST BE LATER THAN END OF PRINTOUT OR DA 4836)	COURSE (*30 APRIL 20XX OR ONE	/EAR AFTER START OF PHASE 0)(PQR
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 DA	YS AT TIME OF INITIAL APPOINTMEN
BIRTH CERTIFICATE / NATURALIZATION CERTIFICATE (IF APPLICABLE)	/ ASSUMED NATURALIZATION (PAS	SPORT). NAME CHANGE DOCUMENT
MEDICAL (1): IMR – ALL CATEGORIES GREEN; A COPY MEDICAL READINESS (IMR) MEDICAL RECORD PRINT OUT I		
MEDICAL (2): DD 2808 CHAPTER 2 COMMISSIONING BEFORE EXPECTED GRADUATION DATE, GOOD FO		
EDUCATION: CERTIFIED COLLEGE TRANSCRIPT. SEME TOWARD AN ACCREDITED DEGREE AND A SEPARA		•
TEST SCORES (REDD REPORT): GT SCORE (MIN 110) S	CORE: (NON WAIVERABLE)	
PRIOR TRAINING: COPY OF DD 214/DD 220 / NGB22, MUST INCLUDE PROOF OR ARMY BASIC COMBAT	·	
09S OCS ENLISTMENT OPTION: PROVIDE COPY OF DE	FORM 1966 – (NOT APPLICABLE fo	r NON 09S')
SECURITY CLEARANCE MEMO: MINIMUM INTERIM C	LEARANCE AT THE DISCRETION OF	THE STATE SECURITY MANAGER
WAIVERS: MORAL/CIVIL CONVICTION WAIVERS *PER START OF COURSE)	NGR 600-100, DATE 22 NOV 2022 (*MUST BE COMPLETED PRIOR TO
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 PAR	Г 6
HEIGHT/WEIGHT: DA FORM 5500-R OR DA FORM 550	01-R (NONWAIVERABLE) PLACED IN	PART 6
HT/WT/BODY COMPOSITION% M	AX ALLOWABLE%	
OPAT: OPAT SCORE CARD (MODERATE SCORE OR BET	TTER) (USACIMT EDITION 6 JULY 20:	16 V10.1)
MEETS PREREQUISITES: DOES NOT MEE	ET PREREQUISITES:(SEE RE	MARKS)
REMARKS:		
QA REPRESENTATIVE:	DATE:	
POC FOR OCS STATE REP: RANK/NAME:	EMAIL:	
TELEPHONE NUMBER OFFICE:	CFII:	