

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 or Reserve Soldier's

___ ETS DATE:(____) MUST BE LATER THAN END OF COURSE (30 April one year after start of Phase 0)(PQR Printout or DA 4836)

___ TDY/TRAVEL ORDERS: PHASE I:____ PHASE II:____ PHASE III:____

___ PROMOTION: PROVIDE COPY OF PROMOTION ORDERS TO E-5

___ AGE: DOB (_____) Birth Certificate, MUST NOT EXCEED 41 YEARS AND 364 DAYS AT TIME OF INITIAL APPOINTMENT,

___ Birth Certificate or Naturalization Certificate. Name change documents (If applicable)

___ MEDICAL: A COPY OF THE CURRENT MEDICAL PROTECTION SYSTEM (MEDPROs) – INDIVIDUAL MEDICAL READINESS (IMR)

RECORD PRINT OUT MUST ACCOMPANY THE APPLICANT'S OCS ENROLLMENT PACKET ALONG WITH CHAPTER 2 DD 2808 COMMISSIONING PHYSICAL AND MEDICAL WAIVERS, IF NECESSARY)

___ EDUCATION: SEMESTER HOURS _____ DEGREE _____ (MUST HAVE A MINIMUM OF 90 SEMESTER HOURS TOWARD AN ACCREDITED DEGREE AND SUBMIT AN APPROVED DEGREE COMPLETION PLAN PRIOR TO ENROLLMENT ALONG WITH A COPY OF THE MOST CURRENT CERTIFIED COLLEGE TRANSCRIPT)

___ TEST SCORES (REDD Report): GT SCORE (MIN 110) SCORE: _____ (NO WAIVERS ARE AUTHORIZED)

___ PRIOR TRAINING: COPY OF DD 214/DD 220 / NGB22, REFLECTING ALL ACTIVE DUTY, USAR AND NATIONAL GUARD SERVICE *EFFECTIVE 4 APRIL 2011, APPLICANTS SEEKING ENROLLMENT INTO THE OCS PROGRAM MUST HAVE COMPLETED AN ARMY OR MARINE CORPS BASIC TRAINING AND ADVANCED INDIVIDUAL TRAINING

___ OCS STATE ENLISTMENT OPTION: PROVIDE COPY OF DD FORM 1966 – REMARKS (IF APPLICABLE)

___ SECURITY CLEARANCE MEMO: Minimum INTERIM CLEARANCE AT THE DISCRETION OF THE STATE SECURITY MANAGER

___ WAIVERS: MORAL/CIVIL CONVICTION WAIVERS *PER NGR 600-100, date 15 Apr 94 (* MUST BE NGB APPROVED PRIOR TO START OF COURSE AND A COPY INCLUDED WITH THE OCS ENROLLMENT PACKET)

___ BIO'S (PROVIDE 2 COPIES) placed in part 2

___ APFT / ACFT: PROVIDE COPY OF DA FORM 705 WITH PASSING SCORE or ATTEMPTED ACFT SCORECARD, (within 60 days of phase 1 if attending AOCS) 705 placed in part 6

___ HEIGHT/WEIGHT: DA FORM 5500-R OR DA FORM 5501-R (AS REQUIRED) HT/WT____/____ BODY COMPOSITION____%

___ MAX ALLOWABLE____% DA Form 5500-R or 5501-R placed in part 6

OPAT: CURRENT PASSING OPAT SCORE CARD (USACIMT EDITION 6 JULY 2016 v10.1)(At moderate score or better)

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

REMARKS: _____

QA Representative: _____ Date: _____

POC for OCS State Rep: Rank/Name: _____ Email: _____

Telephone number Office:: _____ Cell: _____