U.S. ARMY ROTC
GREEN TO GOLD ACTIVE DUTY
OPTION PROGRAM

www.goarmy.com/rotc/enlisted-soldiers.html

INFORMATION BOOKLET

As of 20 December 2016

THE ARMY RESERVE OFFICERS' TRAINING CORPS (ROTC) TWO-YEAR GREEN TO GOLD ACTIVE DUTY OPTION PROGRAM FOR U.S. ACTIVE DUTY COMPONENT ENLISTED PERSONNEL

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It is the applicants responsibility to ensure that the online application is started, completed and all required documents are uploaded by the below suspense date.

Deadlines: Not later than 1159 EST, **1 February** of the award year. Late applications will not be reviewed.

Announcement Date: Company Commanders will be notified of an applicant's final status not later than 30 June of the award year.

Status Updates: If you have a change of address, want to withdraw from competition, or have a change in command after submission of application, please notify this command as soon as possible, in writing via email to usarmy.knox.usacc.mbx.train2lead@mail.army.mil.

Applicants who are not selected must re-apply; applications will not be carried over into the next cycle.

GENERAL INFORMATION

The U.S. Army ROTC Green to Gold Active Duty Option Program provides leadership training to highly qualified and motivated Regular Army Active Duty *enlisted* Soldiers while providing an opportunity to complete a Baccalaureate or first Master's degree and commission as Army officers upon receiving the appropriate degree. The program is limited to a maximum of 200 selections per mission set.

Soldiers are identified for this opportunity by their chain of command. Support must be maintained throughout the entire application and selection process. The files are presented before a board of officers, for selection, at Headquarters, Cadet Command. Soldiers must meet basic eligibility requirements, including time in service, age, and medical qualification by the Department of Defense Medical Examination Review Board (DODMERB). Beyond basic eligibility requirements, the board members look for the traits the Army desires in its officer corps, including scholastic aptitude, physical fitness and demonstrated leadership potential.

This two-year program allows Soldiers to enter the ROTC program as academic Junior's or first year/first term students in a 2 year Master's program. Applicants are required to graduate within 21 months. Only under unique circumstances and approval by HQCC may this be extended up to 24 months. Soldiers who are selected to participate in this program will continue to receive their current pay and allowances while in the program (up to 21 consecutive months or a maximum of 24 consecutive months, if an extension is approved by HQCC).

Soldiers selected will not be credited with enlisted service as an officer for the period covered by this advanced training, third and fourth year of SROTC courses, other than any period of enlisted service performed on or after 1 August 1979 as a member of the Selected Reserve, IAW UP 10 U.S.C. 2106.

Soldiers selected are responsible for their educational expenses; e.g., tuition, books, and fees. They may receive any portion of the Montgomery GI Bill/Army College Fund benefits they have earned since entering into the military. However, IAW Department of Defense Directive 1322.8, Soldiers selected to participate in this program will not be authorized to use tuition assistance. NOTE: MGIB payments for Soldiers on active duty may have limitations; therefore it is important to contact the Department of Veterans Affairs for specific entitlements.

For further information regarding eligibility for Montgomery GI Bill/Army College Fund, contact an education counselor at the installation's Education Center or visit the Department of Veterans Affairs website at **http://www.va.gov** or call 1-888-442-4551. The important point is to ensure there is full understanding of the benefits before making any decision.

Any course of study leading to a Baccalaureate or Master's degree listed on page A-7 – A-11 may be pursued. Participation in campus/community activity is authorized as long as it does not interfere with academic or ROTC requirements.

In addition to normal studies, Cadets must successfully complete the prescribed Military Science courses, professional military education subjects, the Cadet Leadership Course (CLC) (normally between Junior and Senior years), and any other training that may be prescribed by the Secretary of the Army as a requirement for commissioning. Upon commissioning, the officer will be assigned to the Active Component. **Reserve Component and Educational Delay is not authorized.**

Soldiers who are selected for the program will receive normal PCS entitlements, IAW existing travel regulations.

ELIGIBILITY

To be eligible to participate in this program, a Soldier must--

1. Be a citizen of the United States. **No waiver authorized.**

2. Be eligible for appointment as a commissioned officer in the U.S. Army Reserve (USAR) under the provisions of AR 135-100 and AR 135-101.

3. Be under 30 years of age upon graduation and completion of all requirements for a commission. **Waiver authorized**.

4. Have completed at least two years of active duty service or has a time-in- service waiver approved by HRC-Fort Knox. **Waiver authorized 18-23 months TIS.**

5. Have completed less than 10 years Active Federal Service (AFS) at the projected time of graduation and commissioning. **Waiver authorized**.

6. Have favorable recommendations from Soldiers current Chain of Command (immediate Commander and battalion commander (0-5 or above).

7. Have completed any service-remaining requirements incurred from attending any functional course, seminar and so forth. This includes language training, critical Military Occupation Skill (MOS), or Additional Skill Identifiers (ASI) received. Service obligations are served concurrently; the most recent service obligation for specialized training may not be based on the most recent course attended. Longer duration ASI/SQI courses may have service obligations that override a shorter but more recent course.

a. If a waiver of the service obligation for training is required, Soldier must submit the request for waiver through Headquarters Cadet Command (HQCC) to the Human Resource Command (HRC) along with the application. Determine waiver requirements using worksheet in Appendix D. HQCC will forward the DA Form 4187 with notification letters to HRC-Fort Knox for Soldiers who are selected to participate in this program.

b. Soldiers who are currently scheduled to attend an approved reclassification MOS training school will not be considered for a waiver until a request for cancellation of the approved reclassification MOS training has been processed and approved by the proper approval authority. In addition, the Stop Loss/Stop Movement Policy is in effect, and Soldiers who are selected to participate in this program will be accessed per HRC

guidance.

8. Have at least 48 months remaining upon entering the program. Soldiers who do not meet the service remaining requirement for this program must be processed IAW AR 601-280, paragraph 4-6, before orders can be issued directing movement to the Student Detachment, Fort Jackson, South Carolina. **No waiver authorized**.

9. Have received a score of 110 or higher on the General Technical (GT) Aptitude Area of the Army Classification Battery. If the score is below 110, a Soldier may re-test through their installation education centers. Soldier must meet minimum, requirements by the application due date. **No waiver authorized**.

10. Have a minimum cumulative grade point average of 2.5 on a 4.0 point grading system (unweight) on all previous college work completed. **Waiver authorized for 2.0-2.49.**

11. Have passed an Army Physical Fitness Test (APFT) and achieved at least a score of 180 or higher with a minimum of 60 points in each event within the last three months of receipt of the application. **No waiver authorized**.

12. Have two years remaining (4 semesters/6 quarters) as a full time student as indicated on CC Form 104-R, Planned Academic Program Worksheet. Summer sessions (between Junior and Senior year) are authorized but cannot interfere with CLC attendance. Transfer hours accepted by the school of attendance must be included on CC Form 104-R, block 5b as credits applied towards the degree being pursued. This information must be confirmed by the school's administration through an official evaluation of all official transcripts. **Course overload (more than 18 hours) is NOT permitted.** Students must be enrolled full-time with 75% of the curriculum in traditional class-room settings.

13. Obtain an unconditional letter of acceptance from a college or university that has an approved Educational Service Agreement (ESA) with the United States Army. The letter must indicate unconditional acceptance into a two year Bachelor's or Master's program.

14. Obtain a letter of acceptance from the Professor of Military Science (PMS) into the Army ROTC Program affiliated with the college/university the Soldier plans to attend and the start date of the school term. Contact the PMS at the institution in order to receive this letter.

15. Have a favorable or have initiated a National Agency Check with a local and credit check (NACLC). If it is determined that a security clearance will not be granted after enrollment in the program, the Soldier will be removed and reassigned based on the needs of the Army at their current enlisted grade/rank and MOS.

16. Be medically qualified IAW AR 40-501, Standards of Medical Fitness dated 12 April 2004, Chapter 2, to participate in the ROTC program as determined by Department of Defense Medical Examination Review Board (DoDMERB), the agency responsible for reviewing physicals. (Must be medically qualified by 15 Jul or request to be deferred until the Spring Semester.)

17. Have no more than three dependents (including spouse). **Waiver authorized**.

INELIGIBILITY
See Appendix F for waiver criteria

Soldier are ineligible for this program if they:

1. Have less than 48 months remaining on their current enlistment contract and are unable to extend current service obligation.

2. Have less than or more than two years (21 months) remaining for degree completion.

3. Have an unfavorable recommendation by their chain of command.

4. Are ineligible for reenlistment.

5. Are a conscientious objector, as defined in AR 600-43, Conscientious Objection

6. Have a misdemeanor record of a Domestic Violence Conviction (DVC).

7. Are under suspension of favorable personnel action (FLAGS) IAW AR 600-8-2.

8. Have 10 years or more of active federal service at time of commissioning. **Waiver Authorized.**

9. Are under probation for a civil conviction or charges are pending at the time of application.

10. Have had any adverse juvenile adjudication (even if the record may have been sealed or expunged), or have been arrested, indicted, or convicted by a civil court or military law for other than minor traffic violations (fine of $250 or less), or had imposed other adverse disposition; e.g. attend classes, perform community service or perform any other similar acts) unless waived for this program. A waiver previously approved for enlisting in the Army does not constitute a waiver for entry into an officer producing program. **Waivers are authorized**.

11. Are a Soldier without a spouse and have one or more dependents under 18 years of age is disqualified except as provided in paragraph 12(c) below. **Waiver authorized**.

12. Dependents:

a. A Soldier with a spouse in a military component of any armed service (excluding members of the Individual Ready Reserve (IRR)) that has one or more household members under 18 years of age. **Waiver are authorized**.

b. A divorced Soldier may be processed for enrollment without a waiver when the child or children has/have been placed in the custody of the other parent, an adult relative or legal guardian by court order and the Soldier is not required to provide child support. Copies of court documents must be provided with the application.

c. A divorced Soldier may be processed for a dependency waiver when the

child or children has/have been placed in the custody of the other parent, an adult relative or legal guardian by court order and the Soldier is required to provide child support. In both cases mentioned, the Soldier must sign a statement of understanding acknowledging that he or she can be removed from the program should they regain custody of the child or children while enrolled in ROTC. An exception to the removal will only be considered if extraordinary circumstances prevail such as the death of the legal guardian or adult.

d. Are Husband and wife teams who have one or more dependents under 18 years old are disqualified from enrollment in ROTC as a team. **No waiver authorized**. Either the husband or wife may enroll without a waiver subject to other provisions of this paragraph.

13. Are a Warrant Officer. In Accordance With AR 145-1 and CC Regulation 145-6, Warrant Officers are not eligible to participate in the Green to Gold Program under the Active Duty or Scholarship Option. However, FORMER Warrant Officers of the Active or Reserves may be eligible for participation in the non-scholarship program.

OBLIGATIONS

Soldiers who are medically and administratively qualified and selected to participate in this program will be required to serve in the military for a period of 8 years. This will be fulfilled by serving on active duty 3 years followed by service in the Army National Guard (ARNG) or United States Army Reserve (USAR) or the Individual Ready Reserve (IRR).

APPLICATION PROCEDURES

Read instructions carefully. Application must be completed online, go to: www.goarmy.com/rotc/enlisted-soldiers.html, scroll down to Green to Gold Active Duty Option, then click on "**Learn More**", next scroll to the bottom of the page and click on "Take the Next Step: Create An Account". Once account is created, you now have access to the Green to Gold Access Portal. To log into the Access Portal, go to: **https://gtg.usarmyrotc.com/dana-na/auth/url_3/ welcome.cgi**, enter the email address you used to create the account as your username and then enter appropriate password then proceed with online process.

A completed application will consist of the items listed below: (NOTE: A checklist is also available at the "File Upload" tab within the application access portal). It is the **Soldiers responsibility** to ensure that all required documents are uploaded through the Green to Gold Access Portal, **NOT LATER THAN 1 February**. Incomplete files will not be forwarded to the Army ROTC Selection Board for review. **NOTE: RETAIN A COPY OF ALL DOCUMENTS FORWARED FOR RECORD**.

1. CC Form 174-R (U.S. Army ROTC Green to Gold Program Application).

a. A Soldier selected to participate in this program will not receive any Army ROTC Scholarship funds to include, tuition/fees, stipend, room/board, or annual book fee. Any fees received erroneously will be recouped.

b. If Item 13, civil conviction is yes A WAIVER REQUEST FOR THE DISQUALIFICATION MUST BE SUBMITTED. The waiver request along with any support

documents must be submitted along with the proper endorsement or approval as outlined in Appendix F with application. Include a complete written affidavit (D-3) with the description of the offense, to include all circumstances leading up to arrest and conviction and complete sentence imposed. In addition, submit a copy of the court record which indicated the charge, plea, and/or findings, as well as the sentence imposed and the record showing satisfaction of the sentence (when court records are not available, this fact must be established by correspondence from the court). The statement must be certified under oath. If an offense occurs after submission of the application, inform this headquarters and request a waiver.

c. A favorable recommendation from the immediate commander and field grade commander commenting on Soldier's officer-like qualifications, i.e., Scholar-Athlete-Leaser (S-A-L) criteria, leadership potential, appearance, personality, military record and aptitude for further military training.

2. CC Form 103-R (Active Duty/Reserve ROTC Applicant Snapshot). Affix a recent (within the last 3 months) DA photograph, which will be retained by this headquarters. If deployed submit a photo in Duty Uniform (plain background, no head gear, no weapons, etc.) along with a copy of deployment orders.

3. A copy of the last two record APFT scorecards (Commanding Officer must verify) (DA Form 705) (the latest test must be within six months of the receipt of the application).

4. An up to date copy of the Enlisted Records Brief (ERB) indicating citizenship.

5. Medical Examination (DD Forms 2351 and 2492 only).

a. Have the Commanding Officer/First Sergeant contact the supporting medical treatment facility and request they accomplish a physical IAW AR 40-501, Chapter 2. The medical forms required can be obtained from the DoDMERB website at https://dodmerb.tricare.osd.mil/Forms.aspx. When completing DD Form 2351, enter "ADEP" in block 8b. Ensure blocks 1-26 are completed, or the form will be rejected.

b. Medical examinations must be submitted with the application. This headquarters will forward the physical to DODMERB with the appropriate form for processing. DO NOT SEND THE PHYSICAL TO DODMERB. Delay in forwarding physical could result in not being medically qualified in sufficient time to enroll in the program. The physical qualification process normally takes DODMERB anywhere from 6-8 weeks from start to finish. Any remedial or follow-up required by DODMERB should be accomplished prior to announcement of selections. Applicants can monitor their medical status by logging into the DODMERB website at https://dodmerb.tricare.osd.mil, once there click on "Applicants: click here to create an account" (NOTE: Soldiers MUST be medically qualified by 15 July of the year of the award or must request to be deferred until the following semester.) If any additional tests or evaluations are required for final medical determination, DODMERB will either notify the Soldier or Cadet Command. DODMERB will return the completed qualified physical back to this headquarters.

c. Applicants must be fully medically qualified by 15 July to participate in this program or commanders will have to request a deferment until the spring semester.

d. If a Soldier does not meet the screening table weight IAW AR 600-9, a current "Body Fat Content Worksheet" must be included in the application.

6. Official transcripts of all colleges attended to include Joint Service Transcript. Partial transcripts will not be considered. The school accepting applicants for attendance should establish a cumulative grade point average (CGPA). However, if a CGPA is not established by the college/university, Cadet Command will compute the grades from all previous college work completed and establish a CGPA. If applicants received college credit by means of the USAFI or CLEP tests, official results of such tests must also be furnished to this headquarters. College Grade Reports are not transcripts and are unacceptable. Transcripts that appear in languages other than English must be translated prior to submission. Soldiers are responsible for ensuring that all official transcripts are enclosed in their packets.

7. Letter of acceptance from a degree producing college or university that must state unconditional acceptance as a full-time student, Bachelor's or Master's status, and the school start date.

8. Letter from the Professor of Military Science (PMS) acknowledging contact has been made and they are aware of Soldier's pending enrollment in their program.

9. CC Form 104-R (Planned Academic Program Worksheet). This form will be completed by the university's departmental head, verified and signed by both the Soldier and the school registrar's office. The Professor of Military Science or his/her representative will assist applicants in the completion of this form. If the academic college/university is not a host Army ROTC, please have the school official forward the form to the Army ROTC host institution with which a partnership school agreement in ROTC is authorized. Verification form must indicate acceptance in the academic discipline indicated. Soldiers selected to participate in the program must attend the institution that provides the CC Form 104-R. No transfers are authorized once the Soldier starts the program.

10. Evaluation of Transfer of Credit. If attendance will be at a college/university other than the one from which previous college credits were obtained, an official evaluation of transfer of credits is required. Evaluation should include course number and title, course grade, credit hours attempted and earned toward the degree pursuing and grade point average if available. (NOTE: Some university systems may accept transfer credit for placement purposes and still require additional evaluation by the department awarding the degree. This may change the applicant's academic status)

11. USACC Form 145-6-1. All credits that will be applied toward degree completion much be annotated on this form. The courses should be listed by course number and title, course grade, credit hours attempted and earned **toward the degree being pursued.** Also, annotate the GPA, if the college/university establishes a GPA from the transfer credits.

11. Copy of waiver request (Time-In-Service, Training Service Obligation, civil convictions, dependency, CGPA and AFS, if applicable).

12. Branch Notification. If the Soldier receives assignment instructions, whether in CONUS or OCONUS, during the timeframe that the Soldier is applying, the Soldier must contact their respective MOS branch manager at HRC-Fort Knox and inform that office about pending application. The Soldier may also provide HRC-Fort Knox with the Green to Gold Program Manager's email address and phone number for HRC-Fort Knox's verification. The Soldier will also provide, via e-mail or in writing, verification to the Green to Gold Program Manager that they have contacted HRC-Fort Knox.

13. DA Form 2166-8 (NCO Evaluation Reports). Applicants in the rank of SGT or above must submit copies of the last two (2) DA Form 2166-8 (NCOERs) received and a copy of the latest DA Form 1059 Service School Academic Evaluation Report.

REMOVAL FROM THE PROGRAM

1. Soldiers selected to participate in the program must maintain eligibility. Failure to maintain eligibility requirements will result in removal from the program and immediate re-assignment. A Soldier may be removed from the program for:

a) Failure to maintain a CGPA of 2.0 or higher.

b) Failure to complete degree in the time allotted (21 consecutive months).

c) Failure to meet height/weight standards IAW AR 600-9.

d) Failure to pass a record APFT (will be administered every six months).

e) Misconduct as defined by AR 145-1, para 3-43(12).

f) Lack of aptitude as defined by AR 145-1, para 3-43(13).

g) Undesirable character as defined by AR 145-1, para 3-43(14).

h) Indifferent attitude as defined by AR 145-1, para 3-43(15).

i) Change in medical condition which makes the Soldier ineligible for commissioning

2. If a Soldier is removed from the program at any time after enrollment, the established Service Remaining Requirement (SSR) will remain in effect and the Soldier will be reassigned immediately based upon the needs of the Army.

For questions or assistance in completing the application contact an ROTC Battalion located near the Soldier's installation. These battalions are listed on page 11. Soldiers stationed at a site outside the Continental United States, the local education center may provide assistance in completing the application. Questions that cannot be answered through the education center may be addressed by calling the Green to Gold point of contact listed on page 11 or email usarmy.knox.mbx.train2lead@usacc.army.mil.

NOTE: Inform this Headquarters of any changes in status (address, dependency, marital status, civil conviction, medical (including pregnancy), etc.) from the time of initial submission of the application until notification of selection to participate in this program.

List of Green to Gold Points of Contact

Post	ROTC Battalion	Comm Telephone	DSN Telephone
Aberdeen Proving	Morgan State Univ	(443) 885-3264	
Alaska APO AP	Univ Of Alaska 8th Bde	(907) 474-7501 (253) 477-3581	
APO-AA	Campbell University	(910) 893-1590	
APO-AE	Campbell University	(910) 893-1590	
Ft Belvoir, VA	George Mason University	(703) 993-2707	
Ft Benning, GA	Columbus State	(706) 568-2058	
Ft Bliss, TX	Univ of Texas at El Paso	(915) 747-6692	
Ft Bragg, NC	Campbell University	(910) 893-1590	
Ft Buchanan, PR	U/Puerto Rico-Rio Piedras	(787) 764-0000x7653	
Ft Campbell, KY	Austin Peay State Univ	(931) 221-6149	
Ft Carson, CO	U Of Co At Colorado Springs	(719) 255-3520	
Ft Dix, NJ	Princeton Univ	(609) 258-4225	
Ft Dix, NJ	Rutgers Univ	(732) 932-7313x11	
Ft Drum, NY	Syracuse Univ	(315) 443-8233/ (315) 436-3759	
Joint Base Langley-Eustis	College Of William and Mary	(757) 221-3600	
Ft Gordon, GA	Georgia Regents Univ	(912) 706-4647	
Ft Hood, TX	Tarleton State University	(254) 616-3493	
Ft Huachuca, AZ	University Of Arizona	(520) 621-1078	
Fort Irwin, CA	Claremont McKenna College	(909) 621-8102	
Ft Jackson, SC	Univ Of South Carolina	(803) 777-3639	
Ft Knox, KY	University of Louisville	(502) 852-7902	
Ft Leavenworth, KS	University Of Kansas	(785) 864-1109	
Ft Lee. VA Ft Leonard Wood, MO Joint Base Lewis-	Virginia State Univ 3rd Bde 8th Bde	(804) 524-5537 (847) 688-3328x111 (253) 477-3581	792-3328x111
Ft Rucker, AL	Auburn University	(334) 844-5641	
Ft McPherson, GA	Georgia Inst Of Tech	(404) 894-9938	
Ft Meade, MD	Bowie State	(301) 860-3563	
Ft Myer, VA & WRAH	Georgetown Univ	(202) 687-7008	
Ft Polk, LA	Northwestern Louisiana State	(318) 357-5177	
Ft Riley, KS	Kansas State Univ	(785) 532-6754	
Ft Detrick, MD	McDaniel College	(410) 857-2723	
Ft Sam Houston, TX	Univ Of TX At San Antonio	(210) 458-4622	
Ft Sill, OK	Cameron University	(580) 581-2344	
Ft Stewart, GA	Georgia Southern Univ	(912) 478-0040	
Hawaii	University Of Hawaii	(808) 956-7766	
Redstone Arsenal, AL	Alabama A&M	(256) 372-5775	
Walter Reed Army, DC	Georgetown Univ	(202) 687-7094	
White Sands MR, NM	New Mexico State Univ	(575) 646-4030	

Appendix A

U.S. Army ROTC Green to Gold Application Status Notification

Last Name, First Name: _____ As of: _____

☐ Your application for an Army ROTC Green to Gold Scholarship and/or Green to Gold Active Duty Option (ADO) Program is complete. You can monitor your application stautus on the "Selection Status" tab in the G2G Application Portal

☐ The following documents need to be corrected or are missing and must be received at this headquarters by _____

Incomplete or Missing Items

☐ **Application** - USACC FORM 174-R (GREEN TO GOLD PROGRAM APPLICATION)
- ☐ Signed and dated by individual
- ☐ Signed and dated by Commanding Officer and Field Grade Commander
- ☐ Other _____

☐ **Enlisted Record Brief**
- ☐ Must List Dependants
- ☐ Must Indicate US Citizenship
- ☐ Must Indicate Sercurity Clearence

☐ **Army Physical Fitness Test (APFT) Scorecard** - DA Form 705 (**Last 2 required**)
- ☐ Passing score in each event
- ☐ Current Height/Weight (HT/WT) IAW 600-9
- ☐ Most recent test must be within the last six (6) months
- ☐ Verified by Commander

☐ **NCO Evaluation Report (DA Form 2166-8**- SGT and above must submit last two NCOERs, if applicable

☐ **Service School Academic Evaluation Report (DA Form 1059)** - latest DA Form 1059 received, if applicable

☐ **Transcripts** (may be unofficial copy downloaded from the school's website)
- ☐ Transcripts from all previous colleges attended to include JST
- ☐ High School transcripts (4-YR SCHOLARSHIP APPLICANTS)
- ☐ SAT/ACT Test Results (4-YR SCHOLARSHIP APPLICANTS)

☐ **Evaluation of Transfer Credit** (Not required for 4-Year Scholarship or Masters program)
- ☐ Schools should be encouraged to utilize USACC FORM 145-1-6

☐ **Planned Academic Program Worksheet** - CC Form 104-R
- ☐ Form must be from the university/college you will be attending
- ☐ Verified, signed, and dated by the student, PMS, and Registrar
- ☐ Other

☐ **Applicant Snapshot** - CC Form 103-R
- ☐ Military photo taken within the last 90 days
- ☐ Full length preferred

☐ **Acceptance Letter from the Professor of Military Science (PMS)**

☐ **Acceptance Letter from the University/College** - (indicating your academic status)
- ☐ Letter must be from the university/college you will be enrolling in the **Fall 20__**
- ☐ Letter must indicate your status as a first semester **Freshman, Sophomore, Junior, or Graduate**

☐ **Financial Statement** - CC Form 228-R (Required for 4-Year and Applicants requiring Dependency Waiver)
- ☐ Form must be verified and signed by Company Commander
- ☐ Other _____

U.S. Army ROTC Green to Gold Application Status Notification (continued)

- [ ] **Medical Examination Forms**
  - [ ] Exam taken within the last six (6) months
  - [ ] DD Form 2351, DoDMERB Report of Medical Examination
  - [ ] DD Form 2492, DoDMERB Report of Medical History
- [ ] **Copy of Waiver(s)** - Civil Conviction, Time-in-Service, Service Obligation, Dependency, etc., **IF APPLICABLE**
  - [ ] Civil Conviction - Court Documents
  - [ ] Time-in-Service - DA Form 4187
  - [ ] Service Obligation - Specialized Training Service Obligation - DA Form 4187 or Appendix D
  - [ ] Age Waiver Request
  - [ ] Dependency Waiver Request
  - [ ] Other
- [ ] **Statement of Understanding (Dependency)** - CC Form 132-R
  - [ ] Court custody decree
  - [ ] Other _____

NOTE: While your application is being reviewed at Cadet Command, you should take the necessary steps toward securing financial aid if needed. Doing so, will relieve some of the stress associated with class enrollment. The amount of your financial aid should be reflected in your application, on your Financial Statement (Appendix F). The Free Application for Federal Student Aid website is: http://www.fafsa.ed.gov

Thank you
ROTC Incentives Division

U.S. ARMY ROTC GREEN TO GOLD PROGRAM APPLICATION

For use of this form, see USACC Reg 145-1, the proponent agency is ATCC-ROI.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY Title 10, US Code 2102 and 2107 and E.O. 9397 (SSN).
PRINCIPAL PURPOSE Form is used to apply for the Green to Gold Program.
ROUTINE USES Form is used to obtain selection and eligibility information on applicants for the Green to Gold Program.
DISCLOSURE Information provided on this form is mandatory. Without the data provided on this form, the applicant cannot be considered for participation in the Green to Gold Program.

1. Were you ever disenrolled from an Officer Training Program? ◯ Yes ◯ No

2. Please select one option: ☐ Active Duty Option ☐ Scholarship ☐ Hip Pocket

3. Degree Type _____ Scholarship Category _____

PART I - PERSONAL INFORMATION

4. Rank _____ 5. Last Name _____ 6. First Name _____ 7. M.I. _____ 8. SSN _____ 9. Date of Birth _____

10. Contact Information: Home Telephone _____ Cell Number _____ Email Address (military) _____

11. Current Home Address: Street Address _____ Apt. _____

City _____ State _____ Zip Code _____ Country _____

12. Marital Status _____ Spouse Military _____

Number of Children _____

Citizenship _____

13. Civil Convictions *(List all offenses even if expunged)* ◯ Yes ◯ No

14. What is your Gender? ◯ Female ◯ Male

Do you consider yourself to be Hispanic or Latino? ◯ Yes ◯ No

What is your race? *Please check one or more.*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

PART II - MILITARY INFORMATION

15. Unit of Assignment Unit Name _____ Street Address _____

City _____ State _____ Zip Code _____ Unit Phone Number _____

Basic Active Service Date _____ Enlisted Expiration Date _____ MOS _____ GT Score _____ Favorable NACLC _____

16. Latest APFT (Date) **Enter score for each event:**

Push Ups 0 Sit Ups 0 2-Mile Run 0 APFT Sum 0 APFT Pass? 0

PART III - SCHOOL OF INTENT

17. HOST SCHOOL Host University _____ Host FICE _____ Resident Status _____

18. ACADEMIC SCHOOL Academic University _____ Academic FICE _____

PART IV - ACADEMIC INFORMATION

Academic Major	ADM Code	CGPA	Composite Score SAT	Composite Score ACT	SAT Equivilent

USACC FORM 174-R, 30 JUNE 2014

SAMPLE

U.S. ARMY ROTC GREEN TO GOLD PROGRAM APPLICATION

For use of this form, see USACC Reg 145-1, the proponent agency is ATCC-ROI.

PART V - CHAIN OF COMMAND EVALUATION

Rank	Last Name	First Name	SSN

Box 1 and Box 2 to be completed by the applicant's Company Commander.

1. Statement as to the applicant's military aptitude and motivation on Active Duty:

2. Statement as to the applicant's performance on Active Duty and potential to be eligible and qualified to receive a regular Army commission, if offered:

Company Commander's Recommendation ☐ HIGHLY RECOMMEND ☐ RECOMMEND ☐ DO NOT RECOMMEND

Is the Soldier currently, or has been in the last 3 years, pending UCMJ Actions, barred from re-enlistment, or flagged IAW AR 600-8-2? ◯ Yes ◯ No

Grade	Name of Company Commander	Telephone Number	Email Address

By signing this form, I certify that all the information is true and correct.

Signature of Commanding Officer: _____ Date _____

Box 3 Battalion Commander's Evaluation:

3. Discuss the applicant's performance on Active Duty and potential for receiving an regular Army Commission.

Battalion Commander's Recommendation ☐ HIGHLY RECOMMEND ☐ RECOMMEND ☐ DO NOT RECOMMEND

Grade	Name of Battalion Commander	Telephone Number	Email Address

Signature of Battalion Commander: _____ Date _____

USACC FORM 174-R, 30 JUNE 2014

SAMPLE

U.S. ARMY ROTC GREEN TO GOLD PROGRAM APPLICATION

For use of this form, see USACC Reg 145-1, the proponent agency is ATCC-ROI.

PART VI - APPLICANT STATEMENT

Rank	Last Name	First Name	SSN

4. State briefly why you want to become an Army Officer. If additional space is required, attach another sheet.

ACTIVE DUTY OPTION APPLICANTS ONLY

Read and initial each of the following statements. Failure to initial each statement may result in your application not being reviewed.

_____ 1. I understand that the Active Duty Service Obligation (ADSO) for participation in the program is four years. Further, I understand the minimum ADSO as a commissioned officer is three years.

_____ 2. I understand that if I have received an Enlistment Bonus or Selective Service Reenlistment Bonus, I must report the end date of the bonus, and if selected for the Green to Gold ADO program, I may be required to refund the percentage of the bonus equal to the percentage of obligated service that I will not perform in the specified MOS. My eligibility for bonus pay ceases on the date I depart my current duty station.

_____ 3. I meet all basic prerequisites listed in the program guidelines.

_____ 4. I have reviewed my Enlisted Record Brief (ERB), and it is current and accurate.

_____ 5. I understand that prior to acceptance into the ROTC program, I must obtain an unconditional letter of acceptance from the college/ university that I will be attending.

_____ 6. I understand that all prerequisite courses required by the university must be completed prior to submission of this application. I also understand that the cost to complete any prerequisite courses are at my own expense.

_____ 7. I understand that there are no scholarship or stipend benefits associated with the ADO Program. I am aware that I can use the Montgomery GI Bill/Army College Fund and/or Pell Grant inconjunction with this program. I also understand that I cannot utilize Tuition Assistance while participating in the Green to Gold ADO Program.

_____ 8. I am not currently scheduled for, or attending, MOS training as a result of reclassification or reenlistment training contract. I have not applied for reclassification or reenlistment training.

_____ 9. I understand that I must submit all transcripts and documents identifying all post high school courses of instruction.

_____ 10. I understand that I will not be authorized to participate in the Education Delay Program. I will be commissioned and accessed active duty based on the needs of the Army.

_____ 11. I understand that I will not be authorized to transfer schools once I begin the ADO Program.

_____ 12. I understand that I will not be authorized to participate in foreign study (study abroad) to include the USACC Cultural Understanding and Language Proficiency Program.

_____ 13. I am not pending UCMJ actions, barred from reenlistment, or flagged IAW AR 600-8-2 nor have I been within the last three years.

_____ 14. I have not received assignment instructions, whether in CONUS OR OCONUS. If I receive assignment instructions during the time frame that I am applying for the Green to Gold ADO Program, I understand that I must contact my respective MOS branch manager at HRC-Fort Knox and inform that office about my pending application. I must also provide verification to the USACC Green to Gold program manager that I have contacted my branch manager.

By signing this form, I certify that all of the information is true and correct.

Signature of Green to Gold Applicant: _____ Date _____

USACC FORM 174-R, 30 JUNE 2014

SAMPLE

INSTRUCTIONS FOR COMPLETING CADET COMMAND FORM 174-R
U.S. ARMY ROTC GREEN TO GOLD APPLICATION

ITEM	REMARKS
1. Were You Ever Disenrolled From the ROTC Program	Enter "Yes" or "No". Submit the DA 785 with the application (if applicable).
2. Select Option	Self-explanatory
3. Degree Type Scholarship Category	Select from drop-down menu Can only apply for one option.
4. Rank	Enter current rank.
5. Last Name	Self-explanatory.
6. First Name	Self-explanatory.
7. Middle Initial	Self-explanatory.
8. Social Security Number	Self-explanatory.
9. Date of Birth	Select from drop down menu.
10. Contact Information: Home Telephone Cell Number Email Address (military)	 Include area code and country code, if overseas. Provide Enterprise Email address.
11. Current Home Address: Street Address Apt. City State Zip Code Country	Address where Soldier is physically living. Do not indicate HOR address unless currently living at that address.
12. Marital Status Spouse Military Number of Children Citizenship	Select from the drop-down menu.
13. Civil Convictions	Enter either "Yes" or "No" Indicate "Yes" if Soldier has been arrested, indicted, or convicted of violating **any** civil or military law or had **any** adverse juvenile adjudication or other adverse disposition imposed except minor traffic violations for which a fine of $250.00 or less was imposed. List **ALL** convictions, **even** if expunged.
14. What is your Gender? Hispanic or Latino? Race	Self-explanatory. Self-explanatory. Enter Racial/Ethnic Descent
15. Unit of Assignment: Unit Name Street Address CITY STATE ZIP Unit Phone Number	Complete Unit Address i.e. HHC 1BN 4BDE 3ID 1234 THIRD ST i.e. FT KNOX Enter the two character abbreviation (ex., VA, AL, etc.) Include area code and country code, if overseas.
Basic Active Service Date	Select from drop-down menu.
Enlisted Expiration Date	Select from drop-down menu.

MOS	Self-explanatory.
General Technical Aptitude Area Score (GT)	Self-explanatory (If GT score is less than 110, Soldiers are not eligible to complete application)
Favorable NACLC	Select from drop-down menu.
16. Latest APFT (Date) Push-Ups Sit-Ups 2-Mile Run	Select date from drop-down menu. Enter the exact score for each event. Do not enter number of repetitions. Soldiers on Permanent or Temporary Profiles are not eligible. Alternate events are not authorized.
17. HOST SCHOOL	Select ROTC School from the drop-down menu.
18. Academic School	Select Academic School from drop-down menu.
Academic Major ADM Code CGPA Composite SAT/ACT SAT Equivalent	Select from Drop-down menu. Will auto-populate Enter CGPA established by the school attending. Only required for 4-yr applicants. Will auto-populate if required.
Box 1 Statement of Military Aptitude and Motivation	Must be completed by the current Company Commander Attach a separate sheet of paper if more space is needed and include applicant's full name, SSN and the item # you are completing (ex., Smith, John P., 123-45-6789, Item #1 continued).
Box 2. Statement of Performance and Potential	Must be completed by the current Company Commander.
Company Commander's Recommendation	Select appropriate recommendation.
Is Soldier IAW AR 600-8-2	Select "Yes" or "No".
Grade Name of Company Commander Telephone Number Email Address	Enter 3-character rank. Enter full name. Enter area code and country code, if overseas. Enter Enterprise Email Address
Signature of Commanding Officer	Sign Document. Ensure all items are complete before digitally signing. Cannot delete digital signature once signed.
Date	Select date from drop-down menu.
Box 3. Battalion Commander's Recommendation	Select appropriate recommendation
Grade Name of Battalion Commander Telephone Number Email Address	Enter 3-character rank. Enter full name. Enter area code and country code, if overseas. Enter Enterprise Email Address
Signature of Battalion Officer	Sign Document. Ensure all items are complete before digitally signing. Cannot delete digital signature once signed.
Date	Select date from drop-down menu.

Box 4. Applicant's Personal Statement - **Must be completed**	Requires a written or typed statement why Soldier desires a commission as an Army Officer. If additional space is required attach a separate sheet of paper and include Soldier's full name, SSN and the item # completing (ex., Smith, John P., 123-45-6789, Item #Box 4. continued).
ACTIVE DUTY OPTION APPLICANTS ONLY	Read and Initial statements 1-14.
Signature of Green to Gold Applicant	Sign Document. Ensure all items are complete before digitally signing. Cannot delete digital signature once signed.
Date	Select from drop-down menu.

Academic Discipline Mix 1 - Generalist

CODE	ACADEMIC TITLE
AAA	ART COMMERCIAL
AAE	ARABIC-EGYPTIAN
AAK	ARABIC-JORDANIAN
AAL	ARABIC-LIBYAN
AAN	ARABIC-SAUDI
AAP	ARABIC-SYRIAN
AAQ	ARABIC-LEBANESE
AAX	ART GENERAL
AAZ	ARABIC
ABN	BENGALI
ABX	LANGUAGE/LITERATURE CLASSICAL
ACA	RELIGIOUS EDUCATION
ACB	PASTORAL COUNSELING
ACC	RELIGION/THEOLOGY
ACD	CHINESE CANTONESE
ACM	CHINESE MANDARIN
ADG	ARABIC-IRAQI
ADU	DUTCH
ADX	ENGLISH
AEX	MUSIC
AFA	PUBLIC SPEAKING
AFB	DRAMATICS
AFC	HOMILETICS AND COMMUNICATION SKILLS
AFR	FRENCH
AGA	BROADCASTING (ANNOUNCER)
AGB	PRODUCTION MOTION PICTURE
AGC	PRODUCTION
AHJ	HINDI
AHX	LANGUAGE/LITERATURE FOREIGN
AJA	JAPANESE
AJN	INDONESIAN
AJT	ITALIAN
AKP	KOREAN
AKX	JOURNALISM-WRITING/EDITING
ALA	SPANISH (LATIN AMERICAN)
ALX	PHILOSOPHY
AML	MALAYSIAN
ANR	NORWEGIAN
ANX	ARTS LIBERAL
APQ	PORTUGESE (BRAZILIAN)
APY	PORTUGESE (EUROPEAN)
AQE	ARABIC-EASTERN
AQW	ARABIC-WESTERN
ARU	RUSSIAN
ASC	SERBO-CROATIAN
ASR	SPANISH (CASTILLIAN)
ASY	SWEDISH
ATA	TAGALAC
ATH	THAI
ATU	TURKISH
AUR	URDU
AXX	ARTS-CLASSIC/GENERAL
BAF	COMMERCIAL-MARKETING/MERCHANDISING
BAK	LABOR RELATIONS
BAO	ORGANIZATION BEHAVIOR-ORGANIZATION EFFECTIVENESS
BAP	ORGANIZATION BEHAVIOR-PERSONNEL MANAGEMENT
BAR	COLLEGE ADMINISTRATION
BAS	FOOD DISTRIBUTION
BAV	HUMAN RESOURCES
BBA	ADMINISTRATION PUBLIC
BBB	PERSONNEL MANAGEMENT/ ADMINISTRATION
BBH	MANAGEMENT INSTITUTIONAL
BBM	CHURCH MANAGEMENT
BBN	HOTEL-RESTAURANT MANAGEMENT
BBS	SAFETY
BCA	FOREIGN TRADE
BMS	MASTERS-ADVANCED MILITARY STUDIES
CUF	COGNITIVE SCIENCE
DAA	AGRICULTURE GENERAL
DAH	HORTICULTURE
DAK	HUSBANDRY ANIMAL
DAL	HUSBANDRY POULTRY
DKF	MILITARY SCIENCE (OTHER THAN U S ACADEMIES
EAB	CULTURAL FOUNDATIONS
EAC	ETHNOLOGY
EAD	INTERDISCIPLINARY STUDIES
EAX	ANTHROPOLOGY
EBX	AREA STUDIES
ECA	POLICE SCIENCE AND ADMINISTRATION
ECB	CORRECTIONS
ECF	FORENSIC SCIENCE
ECJ	CRIMINAL JUSTICE
ECX	CRIMINOLOGY
EED	VOCATIONAL AND EDUCATIONAL GUIDANCE
EEE	VOCATIONS SUBJECTS (CRAFTS, TRADE)
EEF	GENERAL EDUCATION TECHNOLOGY

EEG	SPECIAL EDUCATION
EEX	EDUCATION GENERAL (TEACHING)
EFA	RECREATIONS
EFB	RECREATION AND PARK ADMINISTRATION
EFC	EDUCATION PHYSICAL
EGX	HISTORY GENERAL
EHX	ECONOMICS HOME
EKB	INTERNATIONAL RELATIONS
EKC	FOREIGN AFFAIRS
ELX	ARTS INDUSTRIAL
EMX	LIBRARY SCIENCE/ARCHIVES
ENB	PUBLIC SAFETY
ENC	GOVERNMENT CIVIL
END	GOVERNMENT MILITARY
ENE	SOCIAL WORK
ENF	ADMINISTRATION SOCIAL WORK
ENX	PUBLIC RELATIONS
ENY	PUBLIC AFFAIRS
EPA	PSYCHOLOGY ABNORMAL
EPB	PSYCHOLOGY EXPERIMENTAL
EPD	PSYCHOLOGY SOCIAL
EPE	PSYCHOLOGY APPLIED
EPH	PSYCHOLOGY CHILD
EPK	PSYCHOLOGY EDUCATIONAL
EPL	PSYCHOLOGY COUNSELING
EPM	PSYCHOLOGY INDUSTRIAL
EPX	PSYCHOLOGY GENERAL
ERA	GEOPOLITICS
ERX	POLITICAL SCIENCE
ESX	SOCIOLOGY
ETX	MORTUARY SCIENCE
EXX	SOCIAL SCIENCE GENERAL
YYY	UNDECLARED

Academic Discipline Mix 2 - Technical

CODE	ACADEMIC TITLE
BAA	ACCOUNTING/AUDITING
BAC	ADVERTISING
BAD	BANKING AND FINANCING
BAE	FINANCE GENERAL
BAM	COMPTROLLERSHIP
BAN	COMPUTER SCIENCE MANAGEMENT
BAX	BUSINESS ADMINISTRATION
BAY	AVIATION BUSINESS ADMINISTRATION
BBD	COMMERCIAL AVIATION TRANSPORTATION
BBE	RESEARCH PROGRAM MANAGEMENT
BBF	MANAGEMENT LOGISTICS
BBG	TRANSPORTATION AND TRAFFIC MANAGEMENT
BBK	MANAGEMENT INDUSTRIAL
BBL	MANAGEMENT AEROSPACE
BBP	PROCUREMENT AND CONTRACT MANAGEMENT
BBR	SYSTEMS MANAGEMENT
BBT	TELECOMMUNICATIONS MANAGEMENT
BBX	MANAGEMENT GENERAL
BCB	STRATEGIC INTELLIGENCE MANAGEMENT
BCC	ADMINISTRATION, MASTER OF SCIENCE DEGREE
BCD	COMMERCE
BCE	AVIATION MAINTENANCE
BCF	INFORMATION SYSTEM MANAGEMENT
BCX	BUSINESS ECONOMICS
BHA	HEALTH SERVICES ADMINISTRATION
BWX	DESIGN TECHNOLOGY
BXX	BUSINESS GENERAL
CCL	CITY PLANNING
CCM	REGIONAL PLANNING
CFW	GEOGRAPHY (PHYSICAL)
CHE	COMMUNICATIONS
DAB	AGRONOMY SOIL SCIENCE
DAD	DAIRY SCIENCE
DAE	FISH RESOURCES
DAF	FOOD TECHNOLOGY
DAM	PLANT PATHOLOGY
DAN	SUGAR TECHNOLOGY
DAP	WILD LIFE RESOURCES
DAS	AVIATION SAFETY
DAT	TECHNICAL MANAGEMENT
DAX	AGRICULTURE-FORESTRY GRENERAL
DBB	NAVIGATION CELESTIAL
DEA	NAVIGATIONAL TERRESTRIAL
DED	TOPOGRAPHY INCLUDING PHOTOGRAMMETRY
EAA	ARCHEOLOGY

EDX	ECONOMICS GENERAL
EEB	INSTRUCTIONAL TECHNOLOGY
EEC	EDUCATION INDUSTRIAL
EKD	COMMUNICATIONS SCIENCES
EPC	PSYCHOLOGY CLINICAL
EPF	PSYCHOMETRICS/ PSYCHOPHYSICS
EPG	PSYCHOLOGY (ARTIFICIAL INTELLIGENCE)
FAA	CLINICAL OPTOMETRY MANAGEMENT
FAB	LABORATORY SCIENCE
FAC	NUCLEAR PHARMACY
FBA	DIETETICS
FBB	DIETITIAN ADMINISTRATIVE
FBC	DIETITIAN THERAPEUTIC
FBD	DIETITIAN CLINICAL
FBX	NUTRITION
FCA	OCCUPATIONAL THERAPY
FCB	OCCUPATIONAL THERAPY – KINESIOLOGY
FCX	OCCUPATIONAL THERAPY (ARTS/CRAFTS)
FDA	ANATOMY
FDB	PHYSICAL THERAPY
FDC	PHYSICAL THERAPY ELECTOPHYSICS
FDD	PHYSICAL THERAPY NEUROLOGY
FDX	PHYSICAL THERAPY CORRECTIVE EXERCISE
FEA	PATHOLOGY SPEECH
FEX	AUDIOLOGY
FJA	ENVIRONMENTAL HEALTH
FKA	SANITARY SCIENCE
FLA	PUBLIC HEALTH
PEX	PRE-LAW
PXX	LAW GENERAL

Academic Discipline Mix 3 - Physical Science/Analytical

CODE	ACADEMIC TITLE
BAL	OPERATIONS RESEARCH ANALYST (BUSINESS)
CFB	PHYSICS, SPACE
CFD	SPACE SYSTEMS OPERATIONS
CUE	COMPUTER SCIENCE
CUP	COMPUTER BASED INSTRUCTION
DAG	HISTOLOGY
DAI	EMBRYOLOGY
DAR	BIOMETRY
DBA	ASTRODYNAMICS
DBC	ASTROPHYSICS
DBX	ASTRONOMY
DCA	BOTANY GENERAL
DCB	ENTOMOLOGY
DCC	BACTERIOLOGY
DCD	PARASITOLOGY
DCE	TAXONOMY
DCF	ZOOLOGY
DCG	MED MICROBIOLOGY
DCK	RADIATION BIOLOGY
DCL	RADIOLOGICAL HYGIENE
DCX	BIOLOGY
DDA	BIOCHEMISTRY GENERAL
DDB	CHEMISTRY ANALYTICAL GENERAL
DDC	CHEMISTRY INORGANIC GENERAL
DDD	CHEMISTRY ORGANIC GENERAL
DDE	CHEMISTRY PHYSICAL GENERAL
DDF	CHEMISTRY NUCLEAR
DDG	CHEMISTRY CERAMICS/GLASS
DDH	GLASS TECHNOLOGY
DDK	CHEMISTRY ELECTROCHEMISTRY
DDL	CHEMISTRY TEXTILE
DDM	CHEMISTRY PAPER
DDN	CHEMISTRY INDUSTRIAL
DDO	RADIOCHEMISTRY
DDP	METALLURGY
DDX	CHEMISTRY GENERAL
DEX	GEODETIC SCIENCE
DFX	GEOGRAPHY GENERAL/ECONOMIC/ POLITICAL
DGA	GEOLOGY SURFICIAL
DGB	GEOLOGY STRATIGRAPHY
DGC	SEISMOLOGY
DGD	GEOLOGY TERRESTRIAL MAG-ELECTRICITY
DGE	GEOLOGY ECONOMIC
DGF	GEOLOGY GENERAL
DGG	PALEONTOLOGY
DGH	MINERALOGY PETROLOGY
DGL	METEOROLOGY CLIMATOLOGY
DGN	NAUTICAL SCIENCES
DGP	OCEANOGRAPHY HYDROLOGY
DGX	GEOPHYSICS
DHA	STATISTICS
DHB	MATHEMATICS CRYPTANALYSIS

DHC	MATHEMATICS BALLISTICS
DHX	MATHEMATICS GENERAL
DLA	PHYSICS BIOPHYSICS AND RADIOLOGY
DLB	PHYSICS ELECTRICITY/ MAGNETISM/ ELECTRONIC
DLC	HEALTH PHYSICS
DLD	PHYSICS NUCLEAR
DLE	PHYSICS OPTICS LIGHT (OPTICS)
DLF	PHYSICS THERMAL
DLG	JET PROPULSION
DLH	TECHNOLOGY NUCLEAR REACTOR
DLK	APPLIED SCIENCE
DLL	MEDICAL TECHNOLOGY
DLM	RADIOLOGICAL PHYSICS
DLN	ACOUSTICS
DLP	AERODYNAMICS
DLX	PHYSICS GENERAL
DLY	LASER/MICROWAVE PHYSICS
DLZ	PHYSICS ASTRODYNAMICS
DMS	MATERIAL SCIENCE
DPS	POLYMER SCIENCE
DXX	PHYSICAL SCIENCES GENERAL
FGC	VIROLOGY
FHA	SEROLOGY
FHX	IMMUNOLOGY
FIA	TOXICOLOGY
FIB	PHARMACOLOGY
FIC	CHIROPRACTICS
FKX	PHYSIOLOGY
GOB	PHYSICIAN'S ASSISTANT TRAINING
GPA	BASIC SCIENCE
GPB	PRE-DENTAL AND PRE-VET
GPX	PRE-MED
KXX	PHARMACY
LAX	PHYSIOLOGIC OPTICS

Academic Discipline Mix 4 - Engineering

CODE	ACADEMIC TITLE
CAA	ARCHITECTURAL ENGINEERING
CAB	NAVAL ARCHITECTURE ENGINEERING
CAC	ARCHITECTURE LANDSCAPE
CAX	ARCHITECTURE GENERAL
CBX	AGRICULTURE ENGINEERING
CCD	URBAN PLANNING
CCF	ENGINEERING STRUCTURAL
CCG	CIVIL ENGINEERING (STRUCTURAL DYNAMICS)
CCH	ENGINEERING (TRANSPORTATION)
CCK	RADIOLOGICAL SAFETY AND DEFENSE
CCN	ENGINEERING SPACE FACILITIES
CCO	ENVIRONMENTAL ENGINEERING
CCP	ENVIRONMENTAL HEALTH ENGINEERING
CCQ	ENVIRONMENTAL SCIENCE
CCR	CIVIL ENGINEERING (SANITARY)
CCX	CIVIL ENGINEERING
CDA	BIOMEDICAL ENGINEERING
CDX	ENGINEERING CERAMIC
CEX	ENGINEERING CHEMICAL
CEY	COMPOSITE MATERIALS
CFA	AEROSPACE ENGINEERING (SPACE TRAVEL)
CFC	SPACE SYSTEMS ENGINEERING
CFX	ENGINEERING AERONAUTICAL
CFY	CARTOGRAPHY
CFZ	ASTRONAUTICAL ENGINEERING
CGA	PRODUCTION DESIGN ENGINEERING
CGK	GEOLOGICAL ENGINEERING
CGX	ENGINEERING ADMINISTRATION
CHA	ENGINEERING ELECTRONICS
CHB	ENGINEERING RADIO
CHF	ELECTRONIC WARFARE SYSTEMS TECHNOLOGY
CHJ	JOINT COMMAND, CONTROL & COMMUNICATION
CHX	ENGINEERING ELECTRICAL
CKB	ENGINEERING ORDNANCE
CKC	ENGINEERING RAILWAY
CKD	ENGINEERING REFRIGERATION
CKE	ENGINEERING AIR CONDITIONING

CKF	ENGINEERING HYDRAULIC
CKH	ENGINEERING MECHANICS
CKK	ENGINEERING HEATING
CKL	ENGINEERING AUTOMOTIVE
CKM	ENGINEERING DIESEL
CKN	ENGINEERING EXPLOSIVE
CKO	MISSILES AND MUNITIONS
CKP	GUIDED MISSILES
CKQ	SANITARY ENGINEERING
CKX	MECHANICAL ENGINEERING
CLA	ENGINEERING NUCLEAR EFFECTS
CLB	ENGINEERING REACTOR
CLD	CIVIL ENGINEERING (CONSTRUCTION)
CLE	MAINTAINABILITY ENGINEERING
CLF	NUCLEAR ENGINEERING
CME	MATERIAL ENGINEERING
CMX	ENGINEERING MARINE
CNX	ENGINEERING METALLURGICAL
CPE	POLYMER ENGINEERING
CPF	POWER ENGINEERING
CPG	PLASTICS ENGINEERING
CPX	ENGINEERING MINING
CQX	ENGINEERING PIPELINE
CRA	FUEL TECHNOLOGY
CRM	ENERGY RESOURCE MANAGEMENT
CRX	ENGINEERING PETROLEUM
CSX	ENGINEERING PHYSICS
CSY	VERTICAL LIFT TECHNOLOGY
CTX	ENGINEERING SAFETY
CUA	COMPUTER SCIENCE (ENGINEERING)
CUB	OPERATIONS RESEARCH (STRATEGIC & TACTICAL SCIENCE)
CUC	OPERATIONS RESEARCH ANALYST (ENGINEERING)
CUD	COMPUTER ENGINEERING (ARTIFICIAL INTELLIGENCE)
CUG	SOFTWARE ENGINEERING
CUX	SYSTEMS ENGINEERING
CWX	ENGINEERING TEXTILE
CXX	ENGINEERING GENERAL
CYA	HUMAN FACTORS ENGINEERING
CYX	ENGINEERING INDUSTRIAL
CYY	ROBOTICS ENGINEERING

Academic Discipline Mix 5 - Nursing

CODE	ACADEMIC TITLE
JXX	NURSING GENERAL

APPENDIX - B

Active Duty/Reserve ROTC Applicant Snapshot

For use of this form see, CC Reg 145-1, proponent agency is ATCC-OP-I-S

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority	10 USC 2102 and 2107
Principal Purpose	To physically identify each applicant.
Routine Use(s)	To be used by the HQ ROTC Cadet Command Selection Board in consideration of the applicant.
Disclosure	Use of this form is mandatory. Applicant may not be considered if picture is not submitted.

SIGNATURE OF APPLICANT		
PRINTED NAME		
SSN *(do not include the dashes)*	HEIGHT *(represented in inches)*	WEIGHT *(represented in pounds)*
DATE OF PICTURE *(Month and Year)*		AGE

DOD MEDICAL EXAMINATION REVIEW BOARD (DODMERB)
REPORT OF MEDICAL EXAMINATION

(Please read Privacy Act Statement before completing this form.)

OMB No. 0704-0396
OMB approval expires Nov 30, 2009

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0396). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO DODMERB/DR, 8034 EDGERTON DRIVE, SUITE 132, USAF ACADEMY CO 80840-2200.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397.

PRINCIPAL PURPOSE: To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corps (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

ROUTINE USES: This information may be disclosed to any U.S. Government agency requiring the information to complete applications to their organizations.

DISCLOSURE: Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Account Number (SSN) is used for positive identification of records.

DODMERB USE ONLY

APPLICANT DATA

1. DATE OF EXAMINATION *(YYYYMMDD)*	2. NAME *(Last, First, Middle Initial)*	3. SOCIAL SECURITY ACCOUNT NUMBER

4. DATE OF BIRTH *(YYYYMMDD)*	5. AGE	6. SEX	7. RACE *(Ethnic Group/Medically Significant)*

8. ADDRESS INFORMATION *(If left blank will delay processing)*	9. STATUS *(X one)*	10. EXAMINER ADDRESS AND FACILITY NUMBER.
a. APPLICANT MAILING ADDRESS *(Include ZIP Code)*	☐ ACTIVE DUTY ☐ CIVILIAN ☐ RESERVE/ GUARD	
b. ROTC DETACHMENT CODE *(If applicable)*:		

MEASUREMENTS

11. HEIGHT *(to nearest 1/4 inch)*		12. WEIGHT *(to nearest pound)*	13. PULSE	14. BLOOD PRESSURE	14.a. REPEAT B/P IF >140/90. REPEAT PULSE IF >99. RECORD RESULTS HERE:
STANDING	SITTING			SYSTOLIC / DIASTOLIC	SYSTOLIC / DIASTOLIC PULSE

15. AUDIOMETER

	500	1000	2000	3000	4000	6000		500	1000	2000	3000	4000	6000
RIGHT							LEFT						

16. READING ALOUD TEST
☐ SATISFACTORY
☐ UNSATISFACTORY *(Explain in Item 57)*

17. DISTANT VISION		18. MANIFEST REFRACTION *(Required, regardless of corrected/uncorrected visual acuity)*			19. NEAR VISION		
RIGHT 20/	CORR TO 20/	SPH	CYL	AXIS	20/	CORR TO 20/	BY
LEFT 20/	CORR TO 20/	SPH	CYL	AXIS	20/	CORR TO 20/	BY

20. HETEROPHORIA/TROPIA *(Far only)*

ESO△	EXO△	RH△	LH△

21. COVER TEST
☐ PASS *(Non-Tropia)*
☐ FAIL *(Tropia)*

22. COLOR VISION
PIP *(14 plate test only)*
No. Passed
No. Failed

MTF and MEPS only: Perform FALANT if applicant passes 11 or less on PIP. Document on DD Form 2489 or SF 600, recording FALANT results per protocol.

23. DEPTH PERCEPTION

TEST USED	SCORE
VTA-ND/OVT/AFVT	
DPA-V	
TITMUS/STEREO FLY *(Arcs/second)*	

24. NEAR POINT OF CONVERGENCE *(in mm)*

25. VIVID RED/GREEN *(If item 22 passes 9 or less)*
☐ PASS ☐ FAIL

26. OCULAR MOTILITY AND BINOCULARITY (RED LENS TEST)
☐ PASS ☐ FAIL IF FAILED: ☐ DIPLOPIA ☐ SUPPRESSION

LABORATORY

27. URINALYSIS

PROTEIN		NEG		T		1+		2+		3+		4+	
SUGAR		NEG		T		1+		2+		3+		4+	
BLOOD		NEG		T		1+		2+		3+		4+	

MICROSCOPIC EXAMINATION *(If required) (X one)*
☐ NEGATIVE
☐ POSITIVE *(List results)*

28. OTHER TESTS *(Specify type and results)*

CLINICAL EVALUATION

NORMAL	(X each item in the appropriate column.) **All evaluations must be addressed, or the examination is considered INCOMPLETE.**	ABNORMAL	NORMAL	(X each item in the appropriate column.) **All evaluations must be addressed, or the examination is considered INCOMPLETE.**	ABNORMAL
	29. HEAD, FACE, NECK AND SCALP			44. ENDOCRINE SYSTEM	
	30. NOSE			45. SPINE, OTHER MUSCULOSKELETAL	
	31. SINUSES			46. UPPER EXTREMITIES *(Strength, sensation, range of motion)*	
	32. MOUTH AND THROAT *(Braces/retainers - permanent/removable)*			47. LOWER EXTREMITIES *(Except feet) (Strength, sensation, range of motion)*	
	33. EARS - GENERAL *(Internal and external canals) (Auditory acuity under item 15)*			48. FEET *(If Pes Planus or Pes Cavus, mild/moderate/severe, symptomatic/asymptomatic)*	
	34. DRUMS *(Perforation and scarring)*				
	35. VALSALVA			49. IDENTIFYING BODY MARKS, SCARS *(length, surgical/nonsurgical)*, TATTOOS *(description and location)*, PIERCINGS	
	36. EYES - GENERAL APPEARANCE *(Visual acuity and refraction under items 17, 18, and 19)*			50. SKIN, LYMPHATICS *(acne, rashes)*	
	37. PUPILS *(Equality and reaction)*			51. MALE GU SYSTEM - EXTERNAL VISUAL ONLY - MANDATORY	
	38. OCULAR MOTILITY *(Associated parallel movements, nystagmus)*			52. ANUS AND RECTUM - EXTERNAL VISUAL ONLY - MANDATORY ON ALL APPLICANTS *(Hemorrhoids, fistulae)*	
	39. OPHTHALMOSCOPIC *(Required by medical examiner)*				
	40. LUNGS AND CHEST *(Include breasts)*			53. FEMALE GU SYSTEM - EXTERNAL VISUAL ONLY - MANDATORY	
	41. HEART *(Thrust, size, rhythm, and sounds)*				
	42. VASCULAR SYSTEM *(Varicosities, etc.)*			54. NEUROLOGIC	
	43. ABDOMEN AND VISCERA *(Include hernia)*			55. PSYCHIATRIC *(Specify any personality deviation)*	

56. EXAMINER: REPEAT BP AND PULSE IF RESULTS OF ITEM 14 AND 14a ARE >140/90 AND >99, RESPECTIVELY.

57. NOTES *(Describe every abnormality in detail. Enter the item number before each comment.)*

58. EXAMINER ***(If performed by PA, PCNP, OR FNP must be countersigned by a MD or DO.)***

TYPED OR PRINTED NAME	CORPS OR DEGREE	SIGNATURE	DATE *(YYYYMMDD)*

59. PHYSICIAN *(MD/DO)*

TYPED OR PRINTED NAME	DEGREE	SIGNATURE	DATE *(YYYYMMDD)*

DD FORM 2351 (BACK), MAR 2008

DOD MEDICAL EXAMINATION REVIEW BOARD (DODMERB)
REPORT OF MEDICAL HISTORY

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

OMB No. 0704-0396
OMB approval expires Nov 30, 2009

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0396). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO DODMERB/DR, 8034 EDGERTON DRIVE, SUITE 132, USAF ACADEMY CO 80840-2200.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397.

PRINCIPAL PURPOSE: To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corps (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

ROUTINE USES: This information may be disclosed to the Coast Guard Academy and Merchant Marine Academy for applications to their Academies.

DISCLOSURE: Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Number (SSN) is used for positive identification of records.

1. NAME *(Last, First, Middle Initial)*	2. SOCIAL SECURITY NUMBER	3. TELEPHONE NO. *(Include area code)*

4. PURPOSE OF EXAMINATION	5. EXAMINATION FACILITY OR EXAMINER AND ADDRESS *(Include ZIP Code)*	6. DATE OF EXAMINATION *(YYYYMMDD)*

Mark each item "Yes" or "No". **EVERY QUESTION MUST BE ANSWERED, OR PROCESSING DELAYS WILL OCCUR.** Every "Yes" must be explained in Block 83, REMARKS, on the back of the form. Mark and explain each item to the best of your ability. Be perfectly honest! Your medical records may be requested to clarify your medical history.

7. HAVE YOU EVER OR DO YOU NOW USE ANY OF THE FOLLOWING: YES	NO		YES	NO		YES	NO	DO YOU
					Marijuana			8. Wear glasses
		Amphetamines			Alcohol *(Amount, frequency, treatment, if any)*			9. Wear contact lenses or corneal eye retainers *(If Yes, complete 9a.)*
		Barbiturates						
		Cocaine			Chemical inhalants			10. HAVE YOU EVER HAD YOUR VISION IMPROVED BY METHODS OTHER THAN STATED IN QUESTIONS 8 OR 9?
		Narcotic Drugs			Hallucinogens			

9a. If you wear contact lenses, how many days have they been removed prior to this examination?

Less than 3		3 - 20		21 or over
Type lens:		Hard		Soft

YES	NO	HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO		YES	NO	
		11. Eye trouble *(exclude glasses, contact lenses)*			40. Gallbladder trouble or gallstones			66. Sleepwalking episodes after age 12
		12. Have fluctuating vision or double vision			41. Hepatitis *(yellow jaundice)*			67. Easily fatigued
		13. Have any allergies			42. Hemorrhoids or rectal disease			68. Motion sickness *(car, train, sea, or air)*
		14. Take any medications regularly			43. Black or bloody stools			69. X-ray or other radiation therapy
		15. Stutter or stammer			44. Frequent or painful urination			70. Sensitivity to chemicals, dust, sunlight, etc.
		16. Frequent, severe, or migraine headaches			45. Bed wetting after age 12			71. Learning disabilities or speech problems
		17. Fainting or dizzy spells			46. Blood, protein, or sugar in urine	YES	NO	HAVE YOU EVER
		18. Periods of unconsciousness			47. History of diabetes			72. Been refused employment or been unable to hold a job or stay in school because of:
		19. Head injury or skull fracture			48. Kidney stone			
		20. Epilepsy, seizures or convulsions			49. Hernia or rupture			a. Inability to perform certain movements?
		21. Loss of memory *(amnesia)*			50. Any bone or joint problem, injuries, surgery or medical treatment			b. Inability to assume certain positions?
		22. Depression, anxiety, excessive worry, or nervousness						c. Other medical reasons?
					51. Steel pins, plates, or staples in any bones			73. Been rejected for or discharged from military service because of physical, mental or other reasons?
		23. Any mental condition or illness			52. Wear a bone or joint brace or support			
		24. Frequent trouble sleeping			53. Back pain or trouble			74. Been denied or rated up for life insurance?
		25. Hearing loss			54. Paralysis or weakness			75. Received or applied for pension or compensation for existing disability?
		26. Ear, nose, or throat trouble			55. Foot trouble/use orthotics			
		27. Sinusitis or sinus trouble			56. Rheumatic fever			76. Had or been advised to have, any surgical operations?
		28. Hay fever or allergic rhinitis			57. Tuberculosis or positive TB test			
		29. Tooth/gum trouble, or current orthodontics			58. Sexually transmitted disease *(syphilis, gonorrhea, herpes)*			77. Consulted, or been treated by clinics, hospitals, physicians, healers, or other practitioners for other than minor illnesses?
		30. Thyroid trouble						
		31. Chronic cough or lung disease			59. Skin conditions such as acne, psoriasis, hand or foot rashes, eczema, or dry skin			78. Had any injury or illness other than those already noted?
		32. Asthma or wheezing						
		33. Unusual shortness of breath			60. Adverse reaction to vaccines, drugs, medicines, foods, insect bites or stings	YES	NO	FEMALES ONLY *(Complete Items 79 - 82)*
		34. Pain or pressure in chest						79. Been treated for a female disorder, painful periods, or cramps
		35. Palpitation or pounding heart			61. Eating disorder			
		36. Heart trouble or heart murmur			62. Recent gain or loss of weight			80. Had a change in menstrual pattern
		37. High blood pressure			63. Excessive bleeding or easy bruising			81. Are you now pregnant?
		38. Coughed up or vomited blood			64. Tumor, growth, cyst, or cancer			82. Date of last menstrual period *(YYYYMMDD)*
		39. Stomach, liver, or intestinal trouble			65. Considered or attempted suicide			

83. REMARKS. Applicant use only. Every "yes" response in items 7 through 81 must be explained in the space provided. Give specific dates and details including names of physicians and hospitals or clinics and the current status of the condition. If additional space is required, continue on a separate sheet and attach to this form.

84. CERTIFICATION. I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the physicians, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE/APPLICANT	SIGNATURE OF EXAMINEE/APPLICANT	DATE SIGNED *(YYYYMMDD)*

85. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA. Examiner shall comment on all "Yes" and blank answers, indicating the item number before each comment. Develop by interview any additional medical history deemed important, and record significant findings here. If additional space is required, continue on a separate sheet and attach to this form.

86. EXAMINER			87. NUMBER OF ATTACHED SHEETS
TYPED OR PRINTED NAME OF EXAMINER	SIGNATURE OF EXAMINER	DATE SIGNED *(YYYYMMDD)*	

DD FORM 2492 (BACK), MAR 2008

APPENDIX D
Specialized Training Service Obligation (TSO) Calculation

First term Soldiers and any re-classified Soldiers must calculate the AIT service obligation. Any waiver submitted by first term or re-classified Soldiers will include the AIT calculation regardless of whether this service obligation has already been met. Soldiers on their second or subsequent enlistment, who have not attended an additional AIT, will calculate only the most recent service obligations for specialized training.

1. AIT: MOS:_____

a. # of months service obligation: _____ (AR 614-200, Table 4-1)

b. Discharge Date Requested: _____ (yy/mm)

Date Completed/Graduated AIT: _____ (yy/mm)

# of months since AIT: _____

c. # of months since AIT:

> # of months service obligation for AIT training, therefore AIT requirement met
OR
< # of months service obligation for AIT training, therefore request waiver of
____ months

2. Most recent service obligation for additional specialized training:
Skill Identifier (ASI or SQI): _____

a. # of months service obligation: _____ (AR 614-200, Table 4-1)

b. Discharge Date Requested: _____ (yy/mm)

Date Completed ASI/SQI course: _____ (yy/mm)

# of months since ASI/SQI course: _____

c. # of months since ASI/SQI:

> # of months TSO for ASI/SQI training, therefore requirement met
OR
< # of months TSO for ASI/SQI training, therefore request TSO waiver of
____ months

Note: the most recent service obligation for specialized training may not be based on the most recent course attended. Longer duration ASI/SQI courses may have service obligations that override a shorter but more recent course. Calculate all recent courses to determine any required waivers.

PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended

PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.

ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.

DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
HQ, CADET COMMAND ATTN: Green to Gold, Bldg. 1002 204 1st Cavalry Regiment Road Ft. Knox, KY 40121	Commander Attn: Knox-HRC-EPF-A 1600 Spearhead Division Road Fort Knox, KY 40122	Commander ** Battalion ** Armor Fort ******, ** 12345

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
Last name, First name, MI	SPC/68W	111-11-1111

SECTION II - DUTY STATUS CHANGE *(AR 600-8-6)*

7. The above Soldier's duty status is changed from _____ to

_____ effective _____ hours, _____ _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: *(Check as appropriate)*

☐	Service School *(Enl only)*	☐	Special Forces Training/Assignment	☐	Identification Card
☐	ROTC or Reserve Component Duty	☐	On-the-Job Training *(Enl only)*	☐	Identification Tags
☐	Volunteering For Oversea Service	☐	Retesting in Army Personnel Tests	☐	Separate Rations
☐	Ranger Training	☐	Reassignment Married Army Couples	☐	Leave - Excess/Advance/Outside CONUS
☐	Reassignment Extreme Family Problems	☐	Reclassification	☐	Change of Name/SSN/DOB
☐	Exchange Reassignment *(Enl only)*	☐	Officer Candidate School	☒	Other *(Specify)* TIS and or TSO waiver
☐	Airborne Training	☐	Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER *(When required)*	10. DATE *(YYYYMMDD)*

SECTION IV - REMARKS *(Applies to Sections II, III, and V) (Continue on separate sheet)*

Soldier requests a Time in Service (TIS) and or a Training Service Obligation (TSO) waiver(s) for participation in the Green to Gold Active Duty Option program. The waiver request is IAW AR 635-200 para 16-2c(1)(a).

Soldier's training length is _____.
Soldier was/was not reclassified
Soldier did/did not receive an enlistment bonus.

The following information is provided:
BASD
ETS
Soldier's current education level
Name of academic location
School start date

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change *(Section II)* or that the request for personnel action *(Section III)* contained herein -

☐ HAS BEEN VERIFIED ☒ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE *(YYYYMMDD)*
signature of commander, CPT, AR, Commanding		

15. NAME OF INDIVIDUAL Last name, First name, MI	16. SSN 111-11-1111

ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL

AUTHORITY	a. TO Commander ** BN, ** Armor Fort ******, ** 12345	b. FROM Commander __Company ** BN ** Armor Fort ******, ** 12345

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☒ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
Commander, Battalion, A.	LTC	
g. TITLE/POSITION Battalion Commander	h. SIGNATURE	

i. COMMENTS

AUTHORITY	a. TO	b. FROM

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	

i. COMMENTS

AUTHORITY	a. TO	b. FROM

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	

i. COMMENTS

AUTHORITY	a. TO	b. FROM

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	

i. COMMENTS

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE:	Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf *(Section III)*.
ROUTINE USES:	To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE:	Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
ROTC PMS	HQ, CADET COMMAND ATTN: Green to Gold, Bldg. 1002 204 1st Cavalry Regiment Road Ft. Knox, KY 40121	Your Command Info

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
Your info	Your info	

SECTION II - DUTY STATUS CHANGE *(AR600-8-6)*

7. The above soldier's duty status is changed from _____ to

_____ effective hours, _____

SECTION III • REQUEST FOR PERSONNEL ACTION

8. I request the following action: *(Check as appropriate)*

	Service School *(En/ only)*		Special Forces Training/Assignment		Identification Card
	ROTC or Reserve Component Duty		On-the-Job Training *(En/ only)*		Identification Tags
	Volunteering For Oversea Service		Retesting in Army Personnel Tests		Separate Rations
	Ranger Training		Reassignment Married Army Couples		Leave- Excess/Advance/Outside CONUS
	Reassignment Extreme Family Problems		Reclassification		Change of Name/SSN/DOB
	Exchange Reassignment *(En/ only)*		Officer Candidate School	XXX	Other *(Specify)* Active Federal Service Waiver
	Airborne Training		Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER *(When required)*	10. DATE *(YYYYMMDD)*

SECTION IV • REMARKS *(Applies to Sections II, III, and V) (Continue on separate sheet)*

1. Soldier requests an Active Federal Service (AFS) waiver for participation in the Green to Gold program. Applicants must have completed less than 10 years of active Federal Service at the projected time of separation (Scholarship Applicants) or projected time of commission (ADO Applicants).

2. The following information is provided:

a. BASD: MM/DD/YYY
b. Projected Commission Date: MM/DD/YYY (ADO Applicants)
c. Projected Separation Date: MM/DD/YYYY (Scholarship Applicants)

3. I have will have served _____ years and _____ months on Active Duty at the time of my requested date of separation (Scholarship or projected time of commission (ADO).

SECTION V • CERTIFICATION APPROVAL/DISAPPROVAL

11. I certify that the duty status change *(Section II)* or that the request for personnel action *(Section III)* contained herein -

HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE *(YYYYMMDD)*

DA FORM 4187, JAN 2000 PREVIOUS EDITIONS ARE OBSOLETE APO PE v102ES

AFFIDAVIT FORMAT/SAMPLE

I, John P. Penny, do solemnly swear this statement of my record of conviction(s) and of the circumstances surrounding said conviction(s) is true and accurate to the best of my knowledge and belief, and that I have not been convicted of any violation(s) other than a minor traffic violation(s) or those as reported below:

DATE OF OFFENSE(S): 31 Aug 1999

OFFENSE(S): Minor in possession/driving under the influence

SENTENCE(S): $475.00 fine; $72.50 Court Costs; and mandatory nine (9) weeks alcohol awareness class.

STATEMENT OF FACTS:

On the evening of 31 Aug 1999, three teammates from our high school football team and I were invited to a graduation party at the house of a mutual friend. We drove in my car to the party and arrived at about 10:00 PM. When we got there we found that there must have been 70 to 80 students from our high school there. Our friends' parents were out of town. Everyone seemed to be having a good time and some of the graduating seniors who looked older used some fake ID to get a couple of kegs of beer. Though my teammates and I knew better, we decided to go ahead and each had a couple of beers. We thought we'd just hang around for a little bit and then leave.

The party started to get really loud about 11:30 PM and my friends and I thought it might be a good idea to leave. We each had a beer in our hand. Just about then we saw police car lights flashing through the living room windows. I said that we'd better get out of the house through the back door. If we were caught it meant that we'd be kicked off the team and placed on suspension from school. We ran out the back door and went around the corner to where my car was parked. We didn't think to throw the beers away but threw the can down on the floor of the back seat and half covered them with a jacket. In my hurry to leave, I squealed my tires. That must have gotten the attention of one of the police officers as we were met two blocks away by another police car that stopped us. I was told by the officer to get out of the car. When I was standing behind the car, the officer shined his flashlight into the car and saw the beers. He then told my friends to get out of the car. We were taken in police cars to the police station. I was given a Breathalyzer test, which registered 0.10 BAC. I was charged with driving under the influence and with being a minor in possession of alcohol. My teammates were also charged with minor in possession. They charged approximately 75 students with various offenses at the party, which included most of the senior class, some juniors, and a few sophomores.

Due to the backlog created my case was not heard by a judge until June 2001. I pled guilty and was given the fine stated in above as well as having to pay court costs and attend a nine-week class. The fine and court costs were paid on 18 June 2001 and I completed class on 9 October 2001. Additionally, I was required to sit out the 1991 football season and was placed on probation by the school superintendent for one term. My past record of school activities was taken into account and I allowed to come back to the football team.

I certify that the above statement was duly taken and subscribed in my presence at Pomfret, Oregon this (date) day of (MM/YY).

_____

Typed name of person making affidavit

_____

Signature of person making affidavit

_____

Typed name of battalion Cdr/PMS or EEO

_____

Signature of battalion Cdr/PMS or EEO

_____

Grade and Organization

PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended

PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.

ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.

DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
Your ROTC unit information	HQ, US Army Cadet Command ATTN: RMID, Scholarship Processing 1st Cavalry Division Road, Bldg 1002, Ft. Knox, KY 40121	Your Command Information

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
Your Name	Your Info	123-45-6789

SECTION II - DUTY STATUS CHANGE *(AR 600-8-6)*

7. The above Soldier's duty status is changed from _____ to _____ effective _____ hours, _____ _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: *(Check as appropriate)*

☐	Service School *(Enl only)*	☐	Special Forces Training/Assignment	☐	Identification Card
☐	ROTC or Reserve Component Duty	☐	On-the-Job Training *(Enl only)*	☐	Identification Tags
☐	Volunteering For Oversea Service	☐	Retesting in Army Personnel Tests	☐	Separate Rations
☐	Ranger Training	☐	Reassignment Married Army Couples	☐	Leave - Excess/Advance/Outside CONUS
☐	Reassignment Extreme Family Problems	☐	Reclassification	☐	Change of Name/SSN/DOB
☐	Exchange Reassignment *(Enl only)*	☐	Officer Candidate School	☒	Other *(Specify)* Civil Conviction Waiver
☐	Airborne Training	☐	Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER *(When required)*	10. DATE *(YYYYMMDD)*

SECTION IV - REMARKS *(Applies to Sections II, III, and V)* *(Continue on separate sheet)*

1. Soldier requests a CIVIL CONVICTION WAIVER waiver for participation in the Green to Gold program. Soldier must submit an affidavit and all court documents even if the conviction was expunged.

2. The following information is provided:

3. Any additional information pertaining to your request:

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change *(Section II)* or that the request for personnel action *(Section III)* contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE *(YYYYMMDD)*

15. NAME OF INDIVIDUAL	16. SSN

ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL

AUTHORITY	a. TO ROTC BDE CDR (UNIT ADDRESS)	b. FROM ROTC PMS (UNIVERSITY ADDRESS)

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	

i. COMMENTS

AUTHORITY	a. TO HQ, US Army Cadet Command ATTN: RMID, Scholarship Processing, 1st Cavalry Division Road, Bldg 1002, Ft. Knox, KY 40121	b. FROM ROTC BDE CDR (UNIT ADDRESS)

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	

i. COMMENTS
If ROTC BDE CDR is approval authority, they sign the final block. If HQ, Cadet Command is the approval authority, it is forwarded for the CG's signature.

AUTHORITY	a. TO Chief of Staff/DCG	b. FROM RMID Director

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	

i. COMMENTS

AUTHORITY	a. TO Commander, USACC 1st Cavalry Division Road, Bldg 1002 Ft. Knox, KY 40121	b. FROM CoS/DCG

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	

i. COMMENTS

PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended

PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.

ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.

DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
ROTC PMS	HQ, US Army Cadet Command ATTN: RMID, Scholarship Processing 1st Cavalry Division Road, Bldg 1002, Ft. Knox, KY 40121	Your Command Information

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
Your Name	Your Info	123-45-6789

SECTION II - DUTY STATUS CHANGE *(AR 600-8-6)*

7. The above Soldier's duty status is changed from _____ to

_____ effective _____ hours, _____ _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: *(Check as appropriate)*

☐	Service School *(Enl only)*	☐	Special Forces Training/Assignment	☐	Identification Card
☐	ROTC or Reserve Component Duty	☐	On-the-Job Training *(Enl only)*	☐	Identification Tags
☐	Volunteering For Oversea Service	☐	Retesting in Army Personnel Tests	☐	Separate Rations
☐	Ranger Training	☐	Reassignment Married Army Couples	☐	Leave - Excess/Advance/Outside CONUS
☐	Reassignment Extreme Family Problems	☐	Reclassification	☐	Change of Name/SSN/DOB
☐	Exchange Reassignment *(Enl only)*	☐	Officer Candidate School	☒	Other *(Specify)* AGE WAIVER
☐	Airborne Training	☐	Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER *(When required)*	10. DATE *(YYYYMMDD)*

SECTION IV - REMARKS *(Applies to Sections II, III, and V) (Continue on separate sheet)*

1. Soldier requests an AGE waiver for participation in the Green to Gold program. Applicants must be under age 30 at the time of commissioning.

a. ROTC BDE Commander's may approve age waivers for 30-32 at time of commissioning.
b. Cadet Command's CG may approve age waivers for 33-39 at time of commissioning.
c. HQDA, G-1 must approve age waivers 40-42 at time of commissioning.

2. The following information is provided:

a. BASD: MM/DD/YYYY
b. DOB: MM/DD/YYYY
c. Projected Commission Date: MM/DD/YYYY (ADO Applicants)

3. Soldier will be _____ years and _____ months of age at the projected time of commissioning.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change *(Section II)* or that the request for personnel action *(Section III)* contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE *(YYYYMMDD)*

15. NAME OF INDIVIDUAL	16. SSN

ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL

AUTHORITY	a. TO ROTC BDE CDR (UNIT ADDRESS)	b. FROM ROTC PMS (UNIVERSITY ADDRESS)

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	

i. COMMENTS

AUTHORITY	a. TO HQ, US Army Cadet Command ATTN: RMID, Scholarship Processing, 1st Cavalry Division Road, Bldg 1002, Ft. Knox, KY 40121	b. FROM ROTC BDE CDR (UNIT ADDRESS)

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	

i. COMMENTS
If ROTC BDE CDR is the approval authority, they sign the final block. If HQ, Cadet Command is approval authority, it is forwarded for the CG's signature.

AUTHORITY	a. TO Chief of Staff/DCG	b. FROM RMID Director

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	

i. COMMENTS

AUTHORITY	a. TO Commander, USACC 1st Cavalry Division Road, Bldg 1002 Ft. Knox, KY 40121	b. FROM CoS/DCG

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	

i. COMMENTS

PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended

PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.

ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.

DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU *(Include ZIP Code)*	2. TO *(Include ZIP Code)*	3. FROM *(Include ZIP Code)*
ROTC PMS	HQ, US Army Cadet Command ATTN: RMID, Scholarship Processing 1st Cavalry Division Road, Bldg 1002, Ft. Knox, KY 40121	Your Command Information

SECTION I - PERSONAL IDENTIFICATION

4. NAME *(Last, First, MI)*	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
Your Name	Your Info	123-45-6789

SECTION II - DUTY STATUS CHANGE *(AR 600-8-6)*

7. The above Soldier's duty status is changed from _____ to

_____ effective _____ hours, _____ _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: *(Check as appropriate)*

☐	Service School *(Enl only)*	☐	Special Forces Training/Assignment	☐	Identification Card
☐	ROTC or Reserve Component Duty	☐	On-the-Job Training *(Enl only)*	☐	Identification Tags
☐	Volunteering For Oversea Service	☐	Retesting in Army Personnel Tests	☐	Separate Rations
☐	Ranger Training	☐	Reassignment Married Army Couples	☐	Leave - Excess/Advance/Outside CONUS
☐	Reassignment Extreme Family Problems	☐	Reclassification	☐	Change of Name/SSN/DOB
☐	Exchange Reassignment *(Enl only)*	☐	Officer Candidate School	☒	Other *(Specify)* Dependency Waiver
☐	Airborne Training	☐	Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER *(When required)*	10. DATE *(YYYYMMDD)*

SECTION IV - REMARKS *(Applies to Sections II, III, and V) (Continue on separate sheet)*

1. Soldier requests a DEPENDENCY waiver for participation in the Green to Gold program. Applicants must have 3 or less dependents upon entering the program. Sole parent/Joint Custody

a. Sole parent/Joint Custody requires approval by CG, Cadet Command.
b. Non-custodial child support, dual military/ROTC or more than 3 dependents requires approval by ROTC BDE CDR.
c. If divorced/paying child support, Soldier must submit CC for 132-R.

2. The following information is provided:

a. Please list the type of DEPENDENCY waiver requested:

3. Any additional information pertaining to your request:

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change *(Section II)* or that the request for personnel action *(Section III)* contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE *(YYYYMMDD)*

15. NAME OF INDIVIDUAL	16. SSN

ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL

AUTHORITY	a. TO ROTC BDE CDR (UNIT ADDRESS)	b. FROM ROTC PMS (UNIVERSITY ADDRESS)

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	

i. COMMENTS

AUTHORITY	a. TO HQ, US Army Cadet Command ATTN: RMID, Scholarship Processing, 1st Cavalry Division Road, Bldg 1002, Ft. Knox, KY 40121	b. FROM ROTC BDE CDR (UNIT ADDRESS)

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	

i. COMMENTS
If ROTC BDE CDR is approval authority, they sign the final block. If HQ, Cadet Command is the approval authority, it is forwarded for the CG's signature.

AUTHORITY	a. TO Chief of Staff/DCG	b. FROM RMID Director

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	

i. COMMENTS

AUTHORITY	a. TO Commander, USACC 1st Cavalry Division Road, Bldg 1002 Ft. Knox, KY 40121	b. FROM CoS/DCG

c. ACTION: ☐ APPROVED ☐ DISAPPROVED RECOMMEND: ☐ APPROVAL ☐ DISAPPROVAL

d. NAME *(Last, First, Middle)*	e. RANK	f. DATE *(YYYYMMDD)*
g. TITLE/POSITION	h. SIGNATURE	

i. COMMENTS

APPENDIX - E

GREEN TO GOLD SCHOLARSHIP FINANCIAL STATEMENT

For use of this form see, CC Pam 145-6, proponent agency is ATCC-OP-I-S

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority	10 USC 2101, 2103, 2104, 2111 and 5 usc 301.2
Principal Purpose	To obtain financial data in order to request a dependency waiver for a cadet participating in the Senior ROTC program.
Routine Use(s)	To provide information concerning a cadet's/applicant's financial status while participating in the Senior ROTC program.
Disclosure	Disclosure is voluntary. However, failure to provide complete information and provide responses may result in a disapproval of the requested action.

PART I - PERSONAL DATA

1. NAME *(Last, First, MI):*	1a. SSN *(Do not include any dashes)*

PART II - ASSETS

Enter the dollar amount (round any cents to whole dollars) beside each item that applies.

2. SAVINGS *(Savings Account, Money Market Account, IRA)*	
3. BONDS, STOCKS *(Investments)*	
4. COLLEGE TRUST	
5. MOTOR VEHICLES *(No Lein-Holder)*	
6. OTHER *(i.e., Motorcycle, Rental Property)*	
7. TOTAL ASSETS	

PART III - COLLEGE LIABILITIES

Enter the dollar amount (round any cents to whole dollars) beside each item that applies.

8. RENT/MORTGAGE *(Apartment/House)*	
8a. LIVE WITH PARENTS/FAMILY *(Enter an amount if thtere is a cost)*	
(NOTE: If item 8 or 8a is $0 explain why): _____	
9. UTILITIES *(Electric, Water, Telephone, Cable, Gas)*	
10. MONTHLY FOOD EXPENSE	
11. MEDICAL EXPENSE *(Outstanding Medical Bills)*	
12. MONTHLY CLOTHING EXPENSE	
13. INSURANCE *(Life, Medical)*	
14. INSURANCE *(Auto, Motorcycle, Home, Renters)*	
15. CAR OPERATING EXPENSES *(Maintenance)*	
16. CAR PAYMENT	
17. TOTAL LOANS/DEBITS *(Outstanding Bills, VISA, Credit Cards)*	
18. MISCELLANEOUS EXPENSES *(i.e. Entertainment)*	
19. CHILD SUPPORT *(Dependent child under age 18)*	
20. OTHER	
21. TOTAL MONTHLY DEBTS	

PART IV - INCOME UPON ENTRY INTO THE ARMY ROTC PROGRAM *(GROSS MONTHLY)*

22. FREE ROOM & BOARD *(Check the appropriate box)*	☐ Yes ☐ No	23. SCHOLARSHIP *(Other than ROTC)*	
24. WORK STUDY		25. SCHOLARSHIP *(ROTC)*	
26. STUDENT LOANS		27. STIPEND	
28.APPLICANT SALARY		29. MGIB CHAPTER 30	
30. SPOUSE SALARY		31. ADDITIONAL MGIB	
32. GRANTS		33. ARMY COLLEGE FUND	
34. PLUS +		35. TOTAL MONTHLY INCOME	

APPLICANT'S SIGNATURE	COMMANDER'S SIGNATURE *(ONLY required for Green to Gold Applicants)*

APPENDIX - F

INSTRUCTIONS FOR CALCULATING ITEM 5 - CC FORM 104-R

Credit Hours

a. Total required hours for degree **120**
(Does not include ROTC)

(1) ROTC Hours that do not count **20**
(Include any ROTC hours that do not count towards the degree to ensure academic and military alignment is maintained)

(2) Total Hours Required for NAPS **140**
(120 + 20)

Normal Academic Progression **17.50**
(divide the Total Hours Required for NAPS by the total number of semesters/quarters established in the school catalog to complete the degree. If catalog calls the academic program a 4-year program, then use 8 semesters or 12 quarters. If the catalog establishes the program as a 5-year program then use 10 semesters or 15 quarters.)
(example: 140/8 = 17.50)

b. Transfer credits accepted **35**
(Accepted towards degree)

c. Credits towards degree completed to date **60**

d. Remaining for Degree **45**
([Total Hours Req for NAPS] - [Transfer credit accepted + Credits towards degree comp to date])
Example: (140 - (35 + 60) = 45)

e. Number of authorized semesters **3**
(Remaining for Degree/Normal Academic Progression)
Example: 45/17.50 = 2.57 (round up to 3)
(Any fraction equal to or less than .5 will be rounded down to the lower whole number and anything greater than .5 will be rounded up to the next higher whole number)

PLANNED ACADEMIC PROGRAM WORKSHEET

For use of this form, see USACC Pam 145-4, the proponent agency is ATCC-PA-C

DATA REQUIRED BY PRIVACY ACT STATEMENT OF 1974

AUTHORITY: Title 10, US Code 2101 and 2104.

PRINCIPAL PURPOSE: To provide information and data necessary for administering Army Senior ROTC program, processing, and managing of selected students for commissioning in the Army IAW established public law and Army Regulations.

ROUTINES USE(S): To provide a projected academic plan to determine if the applicant meets the public law requirements of two remaining academic years.

VOLUNTARY DISCLOSURE: Voluntary information is necessary to determine eligibility of the individual for acceptance, continuance, or discontinuance in the Army ROTC program.

1. NAME OF STUDENT (LAST, FIRST, MI)

2. ACADEMIC MAJOR

2a. CIP CODE

3. AS OF DATE (MM/DD/YYYY) (Date of form preparation)

4. ACADEMIC SCHOOL

a. IDENTIFICATION (Check one):

Host	
Extension Center	
Cross-Enrolled	

b. HOST FICE

c. HOST SCHOOL

5. CREDIT HOURS

Select Semester or Quarter (S/Q) Semester

a. Total required for degree:	1
(1) ROTC Hours that do not count:	
(2) Total Hours Rqd for NAPS:	1
Normal Academic Progression Standard	0
b. Credits toward degree Comp to date:	
c. Transfer Credits accepted:	
d. Remaining for Degree:	1
e. Number of authorized S/Qs:	8

6. GRADE POINT AVERAGE (GPA)

Term:	**Term:**
Curr GPA: CUM:	Curr GPA: CGPA:
Term:	**Term:**
Curr GPA: CUM:	Curr GPA: CGPA:
Term:	**Term:**
Curr GPA: CUM:	Curr GPA: CGPA:
Term:	**Term:**
Curr GPA: CUM:	Curr GPA: CGPA:
Term:	**Term:**
Curr GPA: CUM:	Curr GPA: CGPA:

7. TERM, YEAR, COURSE NUMBER, COURSE TITLE, COURSE CREDIT HOURS, CREDITS THAT COUNT TOWARDS ACADEMIC DEGREE, AND ACHIEVED GRADES.

a.

Term:			Year:	
No.	Course Title	Hrs.	Cts.	Grd.
	Total Term Hours:			

b.

Term:			Year:	
No.	Course Title	Hrs.	Cts.	Grd.
	Total Term Hours:			

c.

Term:			Year:	
No.	Course Title	Hrs.	Cts.	Grd.
	Total Term Hours:			

d.

Term:			Year:	
No.	Course Title	Hrs.	Cts.	Grd.
	Total Term Hours:			

e.

Term:			Year:	
No.	Course Title	Hrs.	Cts.	Grd.
	Total Term Hours:			

f.

Term:			Year:	
No.	Course Title	Hrs.	Cts.	Grd.
	Total Term Hours:			

8. STUDENT INITIALS & DATE:

(Have the student initial and date beside each term to indicate they have been counseled)

TERM 1:	TERM 4:	TERM 7:
TERM 2:	TERM 5:	TERM 8:
TERM 3:	TERM 6:	TERM 9:

PLANNED ACADEMIC PROGRAM WORKSHEET

For use of this form, see USACC Pam 145-4, the proponent agency is ATCC-PA-C

7. TERM, YEAR, COURSE NUMBER, COURSE TITLE, COURSE CREDIT HOURS, CREDITS THAT COUNT TOWARDS ACADEMIC DEGREE, AND ACHIEVED GRADES. (CONTINUED)

g.

Term:			Year:	
No.	Course Title	Hrs.	Cts.	Grd.
	Total Term Hours:			

h.

Term:			Year:	
No.	Course Title	Hrs.	Cts.	Grd.
	Total Term Hours:			

i.

Term:			Year:	
No.	Course Title	Hrs.	Cts.	Grd.
	Total Term Hours:			

j.

Term:			Year:	
No.	Course Title	Hrs.	Cts.	Grd.
	Total Term Hours:			

k.

Term:			Year:	
No.	Course Title	Hrs.	Cts.	Grd.
	Total Term Hours:			

l.

Term:			Year:	
No.	Course Title	Hrs.	Cts.	Grd.
	Total Term Hours:			

m.

Term:			Year:	
No.	Course Title	Hrs.	Cts.	Grd.
	Total Term Hours:			

n.

Term:			Year:	
No.	Course Title	Hrs.	Cts.	Grd.
	Total Term Hours:			

o.

Term:			Year:	
No.	Course Title	Hrs.	Cts.	Grd.
	Total Term Hours:			

9. REVIEW: All of the above courses are required (as minimum) for the completion of the degree: ☐ Yes ☐ No (if no, list exceptions on reverse side of this form).

Completion should result in degree, during (Month, Year):

10. SIGNATURE OF STUDENT:

11. DATE: (MM/DD/YYYY)

12. SIGNATURE OF REGISTRAR AND EXAMINER OF CREDENTIALS (OR OTHER INSTITUTION CERTIFYING OFFICIAL):

13. DATE: (MM/DD/YYYY)

STATEMENT OF UNDERSTANDING

We, the undersigned, hereby declare that the program outlined on the worksheet (on the reverse side of this statement) that

Cadet _____ is about to under take a formally structured program approved by _____
(FULL NAME, Last, First, MI) (Name of University or College)

designed to meet the requirments of a _____ degree; that the degree to be attained is the culmination of an
(Type of Degree)

undergraduate college program of at least four years; and that the remaining credit hours shown on the worksheet are necessary either to fulfill discipline requirements or to fulfill credit hour requirements, or both, for the attainment of the degree. If the Cadet is an ROTC Scholarship participant, the scholarship will be in force for the number of semesters indicated in Block 5.

_____ _____
(Date) (MM/DD/YYYY) (CADET SIGNATURE)

_____ _____
(Date) (MM/DD/YYYY) (PROFESSOR OF MILITARY SCIENCE SIGNATURE)

U.S. ARMY ROTC COLLEGE CREDIT TRANSFER EVALUATION

For use of this form, see USACC Reg 145-1, the proponent agency is ATCC-ROI

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority: 10 USC 2102 and 2107.

Principle Purpose: Form is used to determine college transfer credits for the Army ROTC program.

Routine Use: Form is used to obtain selection and eligibility information on applicants for the Army ROTC Program

Disclosure: Information provided on this form is mandatory. Without the data provided on this form, the application cannot be considered for participation in the program

1. Last Name, First Name MI: _____

2. Academic School: Academic FICE _____ Academic University _____

3. List All Classes and Credits Transferred on Pages 2 and 3 *(as required)*

4. Summary of Credits Transferred Toward Degree:

Institution Name	Hours	Institution Name	Hours

5. ADM Code _____ Academic Major _____

6. Transfer Cumulative GPA _____

7. Academic Classification

8. Total Credits Required for Degree _____

9. Transfer Credits Accepted Towards Degree _____

10. Total Credits Remaining for Degree _____

11. Print Name of Registrar *(or other Institution Certifying Official):*	12. Date
13. Signature of Registrar *(or other Institution Certifying Official):*	14. Date

15. Credits Transferred

Institution Name	Course Name	Course #	Grade	Hours

Credits Transferred *(continued)*

Institution Name	Course Name	Course #	Grade	Hours

Appendix G

GREEN TO GOLD SCHOLARSHIP AND ADO WAIVER FLOWCHART	Waiver Approval level				Document required to process waiver											
Type of Cadet Action	ROTC Battalion	ROTC Brigade Commander	USACC, CG	HQDA or HRC	Request for Waiver DA 4187	Court records indicating charges, plea, and/or findings	Family Care Plan	Court Order	Affidavit	CC 104-R	CC 174-R	DD 785	TRANSCRIPT	ERB	Endorsement recommending approval from the PMS and Brigade Commander	Endorsement recommending approval from the PMS and Approval from Brigade Commander
Age Waivers Scholarship (Not authorized)																
Age Waivers ADO (30-32)		X			X					X	X		X	X		X
Age Waivers ADO (33-39)			X		X					X	X		X	X	X	
Age Waivers ADO (40-42+)				X	X					X	X		X	X	X	
Civil Conviction - Minor Traffic																
-fine less than $250 (6 or more within 12 months)		X			X	X			X	X	X		X	X		X
-fine more than $250		X			X	X			X	X	X		X	X		X
-fine of $100 or more per offense, plus other adverse adjudication (6 or more within 12 months) or (10 or more in previous 3 years)		X			X	X			X	X	X		X	X		X
Civil Conviction-Minor Non-Traffic																
-fine less than $250		X			X	X			X	X	X		X	X		X
-fine over $250		X			X	X			X	X	X		X	X		X
Civil Conviction - Minor Traffic & Non-Traffic																
Any adverse disposition that included a sentence of jail/confinement/detention, even if suspended			X		X	X			X	X	X		X	X	X	
Minor Traffic and Non-Traffic Civil Convictions - any adverse disposition that included a sentence of jail/confinement/detention. Other misdemeanors. Misconduct (Convictions for felonies or offenses that involve moral turpitude			X		X	X			X	X	X		X	X	X	
College Board Score (ACT/SAT)			X		X					X	X		X	X	X	
Cumulative Grade Point Average (CGPA)			X		X					X	X		X	X	X	
Re-enrollment		X			X					X	X	X	X	X		X
Dependency Waivers (Electronic):																
More than 3 dependents		X			X					X	X		X	X		X
Dual Military/Dual ROTC		X			X		X							X		X
Non-Custodial parent (child support only)		X			X			X					X	X		X
**Sole parent/Joint Custody			X		X		X	X		X	X		X	X	X	
Exceptions to Policy																
AFS 10 years or more			X		X					X	X		X	X	X	
Training Service Obligation				X	X					X	X		X	X	X	
Time In Service (less the 2 years)				X	X					X	X		X	X	X	