

U.S. ARMY ROTC GREEN TO GOLD SCHOLARSHIP OPTION PROGRAM

As of 20 December 2016



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

INFORMATION BOOKLET

**THE ARMY RESERVE OFFICERS' TRAINING CORPS (ROTC)
TWO-, THREE-, AND FOUR-YEAR SCHOLARSHIP PROGRAMS FOR
ACTIVE DUTY ARMY ENLISTED PERSONNEL**

TABLE OF CONTENTS	Page
General Information	2
Eligibility	3
Ineligibility	5
Obligations	6
Application Procedures	7
List of Green to Gold Program Points of Contact	11
Appendix A - Checklist	
Application, USACC Form 174-R	A-1 - A-3
Instructions for Application	A-4 - A-6
List of Approved Academic Disciplines	A-7 - A-11
Appendix B - Applicant Snapshot, CC Form 103-R	
Appendix C - DoDMERB DD Form 2351& DoDMERB DD Form 2492	C-1- C-4
Appendix D - Training Service Obligation Worksheet	
Sample DA Form 4187 - Time-in-Service Waiver	D-1
Sample DA Form 4187 - Training Service Obligation Waiver	D-2
Sample DA Form 4187 - Active Federal Service Waiver	D-3
Sample Affidavit (Record of Convictions)	D-4
Sample DA Form 4187 – Civil Conviction Waiver	D-5
– Age Waiver	D-6
– SAT/ACT Waiver	D-7
– Dependency Waiver	D-8
Appendix E - Financial Statement, CC Form 228-R	
Appendix F - Instructions for Item 5 of CC Form 104-R	F-1
CC Form 104-R (Planned Academic Program Worksheet)	F-2-F5
CC Form 145-6 (College Credit Transfer Evaluation)	
Appendix G – Waiver Authority and Flowchart	

It is the applicant's responsibility to ensure that the online application is started, completed and all required documents are uploaded by the below dates.

Deadlines: Regular 2-, 3-, and 4-year applicants, not later than 1159 EST, **1 February** of the award year. Division Commanders Hip Pocket 2-, 3-, 4-year applicants, not later than 1159 EST, **1 April** 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 Scholarship Program provides financial assistance for the education and training of highly qualified and motivated Regular Army Active Duty, *enlisted* Soldiers who desire to be commissioned as officers in the Army after graduation from college.

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 at Headquarters, Cadet Command for development of the Order of Merit List and selection. 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.

Soldiers that submit applications have an opportunity to complete their baccalaureate or first master's degree requirements and obtain a commission through participation in the ROTC scholarship program. Soldiers who have completed 1 year of college work and/or have been classified by the college/university as an academic sophomore may be considered for 3-year scholarships. Those who have completed 2 years of college and/or has been classified as an academic junior or has been accepted into a 2-year master's program may compete for 2-year scholarships. Soldiers who have not attended college, or has 4 academic years remaining for a baccalaureate degree may compete for a 4-year scholarship.

Soldiers selected for participation in ROTC Program are discharged from Active Duty for the sole purpose of enrolling as an Army ROTC Scholarship Cadet. **All active duty pay, benefits, and allowances are terminated upon discharge. There are no guarantees of returning to active duty upon completion of the program. Soldiers may be selected for participation in the USAR or ARNG upon completion of the ROTC program.** Terminal/transition leave is not authorized in connection with discharge. In accordance with 10 U.S.C 2160 an officer appointed under this section may not be credited with enlisted service for the period covered by his advanced training, other than any period of enlisted service performed on or after August 1, 1979, as a member of the Selected Reserve. In accordance with AR 601-280, Chapter 5-13 (b) (2)(c), recoupment of an unearned bonus is not required if the Soldier is separated to permit acceptance of a commission. Entitlement to additional unpaid bonus is suspended and will terminate upon discharge. However, the entitlement to additional unpaid bonus may be reinstated and paid on a pro rata basis if the Soldier is not commissioned or appointed and returns to enlisted status in the same bonus MOS.

The Army ROTC scholarship will provide financial assistance toward college tuition and educational fees, **OR** room and board, whichever is chosen by the student. Additionally, a flat rate amount per year is provided to purchase textbooks, classroom supplies and equipment. The scholarship does not pay for aviation flight fees. Army ROTC scholarship winners also receive a tax-free subsistence allowance of an annually published amount per month for up to 10 months a school year and are paid while attending the Cadet Summer Training (CST). The Army ROTC Scholarship Program does not cover the expense of moving families and household goods from Soldiers

actual permanent place of abode, home or Army school to the educational institution they will be attending. Contact Installation Transportation Office for further information. Contracted ROTC Cadets are not authorized use of military medical facilities, exchanges or commissaries, except during the periods in which they are attending CST. During the period of their scholarship, recipients may, if qualified, receive any portion of the Montgomery GI Bill/ Army College Fund benefits they earned while on active duty. **For further information regarding eligibility for Montgomery GI Bill/Army College Fund, contact an education counselor at the nearest installation's Education Center, visit the Department of Veteran Affairs website at <http://www.va.gov> or call 1-888-442-4551. The important point to ensure that you, the Soldier fully understand your benefits before making any decisions.**

Applicants must apply and be accepted at a college or university that offers Army ROTC and the academic discipline being pursued. **Attendance at an exclusive online college/university is not authorized.** A list of approved academic disciplines that may be pursued is listed on page A-7 through A-11. Engineering and/or Nursing scholarship recipients must attend a school with an accredited Engineering and/or Nursing program. **Nurse recipients are not authorized to change majors at any time.**

In addition to normal studies, scholarship recipients must successfully complete the prescribed Military Science courses, professional military education subjects, CST (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. Participation in campus/community activity is authorized as long as it does not interfere with academic or ROTC requirements. Recipients of these awards are not permitted to participate in the Simultaneous Membership Program (SMP) which permits simultaneous membership in both the Senior ROTC program and U.S. Army Reserve/Army National Guard. Upon successful completion of military science and baccalaureate or two-year Master's degree requirements, scholarship Cadets will be commissioned in the U.S. Army Reserve (USAR) as a second lieutenant in one of the officer accession branches of the U.S. Army, and those who are selected for Active Duty will convert to Regular Army (RA) when ordered to active duty. An individual's branch preferences and needs of the Army determine the branch received at the time of commissioning.

ELIGIBILITY

To be eligible to receive an Army ROTC scholarship, Soldiers must--

1. Be a citizen of the United States. **(No waiver authorized)**
2. Be under 31 years of age on 31 December of the year all requirements for a commission and a college baccalaureate or master's degree are completed. **This is a statutory requirement and there are no waivers authorized.**
3. IAW Lautenberg Amendment Gun Control Act of 1968, a Soldier cannot have a misdemeanor record of a Domestic Violence Conviction (DVC).

4. Have no moral obligation or personal conviction that prevents:
 - (a) Supporting and defending the Constitution of the United States against all enemies, foreign and domestic.
 - (b) Conscientiously bearing arms.
5. Have completed at least two years of active duty on his or her initial enlistment, or has a time-in-service waiver approved by HRC-Fort Knox, KY. Applicants must have at least 18 months' time-in-service at the projected start date of school to be considered for a waiver. Soldier must submit a time-in-service waiver request (Appendix D-1) through HQCC to HRC-Fort Knox, KY with the scholarship application.
6. Have completed any service-remaining requirements incurred from attending any functional course, seminar and so forth as of the date of discharge for enrollment in ROTC. 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. If a waiver of the service obligation for training is required (Appendix D-2), Soldier must submit the request for waiver through HQCC to HRC-Fort Knox, KY with the scholarship application. Determine waiver requirements using worksheet in Appendix D. HQCC will forward the DA Form 4187 to HRC-Fort Knox, KY.
7. Have completed less than 10 years Active Federal Service (AFS) at the projected time of separation. **(Waivers authorized)**
8. Have received a score of 110 or higher on the General Technical (GT) Aptitude Area of the Army Classification Battery. **No waivers authorized.** If the score is below 110, a Soldier may retest through their installation education center.
9. Have passed an Army Physical Fitness Test (APFT) and achieved a score of 180 or higher with a minimum of 60 points in each event within the last six months.
10. Be a high school graduate or the equivalent.
11. Have a minimum SAT score of 920 or ACT composite score of 19 (four-year scholarship applicants only). Proof of SAT or ACT must be submitted. If taking new test use SAT code 0454 or ACT code 1676 to have scores automatically sent to Cadet Command. **Waivers authorized.**
12. Have a minimum cumulative grade point average of 2.5 on a 4.0 point grading system on all previous college work completed (2- and 3-year applicants). Four-year applicants must have a cumulative high school grade point average of 2.5 on a 4.0 grading scale. Use of weighted GPA is not authorized. **Waivers authorized.**
13. Have CC Form 104-R (Planned Academic Program Worksheet) which indicates 2 or 3 years remaining (4 semesters/6 quarters for 2-year applicants or 6 semesters/9 quarters for 3-year applicants) as a full-time student to degree completion. Course overloads (more than 18 hours) are not authorized and summer sessions are not authorized. Transfer hours accepted by the college/university **toward the degree** being

pursued must be included on the ROTC Cadet Command Form 104-R, block 5.b and confirmed by the school administration through evaluation of transcripts from the college/university Soldier is planning to attend.

14. Obtain a letter of acceptance from a baccalaureate or master's degree producing college or university offering Army ROTC. The letter must indicate Soldier has been **unconditionally** accepted as:

Academic	for a	Scholarship	must be	Graduating
Junior		2 year		2 years later
Sophomore		3-year		3 years later
Freshman		4-year		4 years later

15. Obtain a letter of acceptance from the Professor of Military Science (PMS) into the Army ROTC Program the Soldier plans to attend that includes the start date of the school term. Contact the PMS at the institution in order to receive this letter.

16. Have at least a favorable or have initiated a National Agency Check with a local and credit check (NALC).

17. Be medically qualified IAW AR 40-501, Standards of Medical Fitness, Rapid Action Revision Issue date 10 September 2008, Chapter 2 for participation in the ROTC Scholarship Program as determined by Department of Defense Medical Examination Review Board (DODMERB), the agency responsible for reviewing Army ROTC scholarship physicals.

18. Have no more than three dependents (including spouse) unless a waiver is granted by Headquarters, Cadet Command.

INELIGIBILITY
See Appendix G for waiver criteria

Soldiers are ineligible for this program if they:

1. Will not be a member of the Active Army on 1 June of the year in which the scholarship starts.
2. Have an unfavorable recommendation by the immediate commanding officer or a field grade officer in their chain of command.
3. Are ineligible for reenlistment.
4. Are a conscientious objector, as defined in AR 600-43.
5. Are under suspension of favorable personnel action (FLAGS) (AR 600-8-2).
6. Have 10 years or more of active federal service as of the date of discharge.
Waivers Authorized.

7. Have completed undergraduate baccalaureate degree requirements, unless applying for a 2-year master's degree.

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

9. 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. Soldier may request a waiver as specified in the application procedures listed below. Requesting a waiver does not guarantee approval. **Waivers are authorized.**

10. Are ineligible for re-enrollment in the Basic or Advanced course. (Only applies to prior ROTC Cadets).

11. Dependents:

(a) Are an applicant without a spouse and have one or more dependents under 18 years of age are disqualified. **Waivers are authorized.**

(b) Are an applicant with a spouse in a military component of any armed service (excluding members of the Individual Ready Reserve (IRR)) that has one or more dependents under 18 years of age. **Waivers are authorized.**

(c) A divorced applicant may be processed for enrollment 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 applicant is not required to provide child support. **No waiver is required.** Copies of court documents must be provided with the application.

(d) A divorced or sole parent applicant 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 applicant is required to provide child support. Contact this headquarters about waiver procedures. A Soldier married to an Army National Guard member with a dependent, but said Soldier has not adopted the dependent means he/she has no dependent and is eligible.

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

12. 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.

13. Have been convicted of a domestic violence crime.

OBLIGATIONS

If medically and administratively qualified and selected for a U.S. Army ROTC scholarship, **Soldier will be required to--**

1. Initiate a DA Form 4187 (Personnel Action) requesting a discharge under the provisions of AR 635-200, chapter 16, paragraph 16-2b(l)(f) thru the commanding officer and the Personnel Administration Center (PAC)/S1 to the approving authority. Discharge should be requested and approved in sufficient time to allow appropriate time to arrive on campus, normally 30 days, prior to fall enrollment.

2. Sign an Army Senior Officers' Training Corps (ROTC) Scholarship Cadet Contract, DA 597-3 with the Secretary of the Army.

3. Enlist in the U.S. Army Reserve Control Group (AROTC) for a period of 8 years.

4. Accept an Army commission as an Active Army, Army Reserve or Army National Guard officer upon completion of the required academic and ROTC courses.

5. Serve in the military for a period of 8 years. This may be fulfilled by:

(a) Serving on active duty 4 years followed by service in the Army National Guard (ARNG), United States Army Reserve (USAR), or the Individual Ready Reserve (IRR).

(b) Serving 8 years in an ARNG or USAR Troop Program Unit which includes a 3- to 6-month active duty period for initial training.

APPLICATION PROCEDURES

Read instructions carefully. All applications must be completed online, go to: www.goarmy.com/rotc/enlisted-soldiers.html, scroll down to Green to Gold Scholarship then click on "**Learn More**", next scroll to the bottom of the page and click on "Take the Next Step: Create An Account". Once an 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 the 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 or 1 April, respectively.** Incomplete files will not be forwarded to the Army ROTC Scholarship Selection Board for review. **NOTE: RETAIN A COPY OF ALL DOCUMENTS FORWARDED FOR RECORD.**

1. CC Form 174-R (Appendix A-1 - A-3) (U.S. Army ROTC Green to Gold Program Application).

(a) If Item 13, of the CC Form 174-R, 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 G with the application. Include a complete written affidavit (sample at Appendix D-3) with the description of the offense, to include all circumstances leading up to arrest and conviction and complete sentence imposed, 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 application up to the date of discharge, inform this headquarters and request a waiver.

(b) A favorable recommendation from the immediate commanding officer and field grade commander commenting on Soldier's officer-like qualifications, i.e., leadership potential, appearance, personality, military record and aptitude for further military training.

2. CC Form 103-R (Appendix B) (Active Duty/Reserve ROTC Scholarship 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, weapons, etc.) along with a copy of deployment orders.

3. A copy of the last two (2) record APFT scorecards (Commanding Officer must verify) (DA Form 705) (the latest test must be within 6 months of the receipt of the application).

4. An up to date copy of the Enlisted RecordsBrief (ERB) indicating citizenship Form must be certified by servicing S1).

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

(a) Have the Commanding Officer/First Sergeant contact the supporting medical treatment facility and request they conduct 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. **Soldier must be fully medically qualified for scholarship PRIOR to discharge.**

6. Official transcripts of all colleges attended and Joint Service Transcript. The selection board will not consider application files with partial transcripts. The college/university accepting applicants for attendance should establish a cumulative grade point average (CGPA). However, if 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. High school transcripts are required for individuals applying for a 4-year scholarship.

7. Results of Scholastic Aptitude Test (SAT) or the American College Test (ACT) if applying for a 4-year scholarship. Applicants must achieve a minimum SAT score of 920 (composite of Verbal and Math) or an ACT composite score of 19 to qualify for competition. If scheduled to take the ACT or SAT exam, ensure test results are forwarded directly to Cadet Command from the SAT and ACT testing agencies, use the SAT code 0454 or ACT code 1676 when completing the registration forms. If both the SAT and ACT are taken, furnish the results of both tests to this headquarters. Results must be received by 1 February for fall enrollment. Any other College Board test taken, other than ACT or SAT, are unacceptable (e.g. CEEB, etc.).

8. Letter of acceptance from a baccalaureate or master’s degree producing college or university offering Army ROTC indicating status as an academic freshman, sophomore, junior or Graduate. For the 2- and 3-year scholarship, if undergoing academic studies and have not attained sophomore or junior status (whichever is applicable) at the time of application to a school, the letter may state that Soldiers are conditionally accepted pending final completion of current studies. A follow-up letter and CC Form 104-R indicating current status will be required prior to the finalization of an award. Status must be achieved no later than 30 June.

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

10. CC Form 104-R (Appendix F) (Planned Academic Program Worksheet). If applying for a 2- or 3-year scholarship, the academic status must be completed by the university's departmental head. (Example: If applying for a 2-year and the intended major is nursing, the 104-R must be from the School of Nursing). The Professor of Military Science at the institution the Soldier is planning to attend will assist in the completion of this form. If the school the Soldier plans to attend does not 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. The form must indicate acceptance in the academic discipline that is being pursued. **Scholarship recipients must attend the institution that provides the CC Form 104-R. Recipients who desire to attend a school other than the one which**

provided the initial CC Form 104-R must submit a subsequent CC Form 104-R verifying academic status, letter of acceptance from the college/university, and the letter of acceptance from the PMS to this headquarters for approval prior to accepting the award and discharge. This form must be signed and authenticated by the student and the registrar. Changing of schools between discharge and contracting will not be authorized. CC Form 104-R containing summer sessions will not be accepted. Scholarships are awarded to the school, in the academic major indicated on application and cannot be used at any other school without Headquarters, Cadet Command approval.

11. Evaluation of Transfer of Credit and USACC Form 145-1-6. If Soldier is attending a college/university other than the one from which they obtained college credits, 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 being pursued** 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 academic status)**

12. Copy of waiver request (Time-In-Service Obligation, Training Service Obligation, civil convictions, dependency, CGPA, ACT/SAT (4-year only) and AFS, if applicable.)

13. CC Form 132-R (Appendix E) (Statement of Understanding (Dependency)). Cadet Command Pamphlet 145-4.

14. CC Form 228-R (Appendix F) (Financial Statement). Cadet Command Pamphlet 145-4. The financial statement must reflect projected salary after separation.

15. 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.

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 8 th 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 Marv	(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 3 rd Bde 8 th 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 status 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 Dependents
 - Must Indicate US Citizenship
 - Must Indicate Security Clearance
- 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 _____

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
PRINCIPAL PURPOSE
ROUTINE USES
DISCLOSURE

Title 10, US Code 2102 and 2107 and E.O. 9397 (SSN).
 Form is used to apply for the Green to Gold Program.
 Form is used to obtain selection and eligibility information on applicants for the Green to Gold Program.
 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 <input type="text"/> Spouse Military <input type="text"/> Number of Children <input type="text"/> Citizenship <input type="text"/>	13. Civil Convictions (List all offenses even if expunged) <input type="radio"/> Yes <input type="radio"/> No	14. What is your Gender? <input type="radio"/> Female <input type="radio"/> Male Do you consider yourself to be Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No What is your race? Please check one or more. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 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 _____ ACT _____ SAT Equivalent _____

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 a 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 _____

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 _____

**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 NACLCLC	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 -

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

Generalist

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	BAX	BUSINESS
EEX	EDUCATION GENERAL		ADMINISTRATION
	(TEACHING)	BAY	AVIATION BUSINESS
EFA	RECREATIONS		ADMINISTRATION
EFB	RECREATION AND PARK	BBD	COMMERCIAL AVIATION
	ADMINISTRATION		TRANSPORTATION
EFC	EDUCATION PHYSICAL	BBE	RESEARCH PROGRAM
EGX	HISTORY GENERAL		MANAGEMENT
EHX	ECONOMICS HOME	BBF	MANAGEMENT LOGISTICS
EKB	INTERNATIONAL	BBG	TRANSPORTATION AND
	RELATIONS		TRAFFIC MANAGEMENT
EKC	FOREIGN AFFAIRS	BBK	MANAGEMENT
ELX	ARTS INDUSTRIAL		INDUSTRIAL
EMX	LIBRARY	BBL	MANAGEMENT
	SCIENCE/ARCHIVES		AEROSPACE
ENB	PUBLIC SAFETY	BBP	PROCUREMENT AND
ENC	GOVERNMENT CIVIL		CONTRACT
END	GOVERNMENT MILITARY		MANAGEMENT
ENE	SOCIAL WORK	BBR	SYSTEMS MANAGEMENT
ENF	ADMINISTRATION SOCIAL	BBT	TELECOMMUNICATIONS
	WORK		MANAGEMENT
ENX	PUBLIC RELATIONS	BBX	MANAGEMENT GENERAL
ENY	PUBLIC AFFAIRS	BCB	STRATEGIC
EPA	PSYCHOLOGY		INTELLIGENCE
	ABNORMAL		MANAGEMENT
EPB	PSYCHOLOGY	BCC	ADMINISTRATION,
	EXPERIMENTAL		MASTER OF SCIENCE
EPD	PSYCHOLOGY SOCIAL		DEGREE
EPE	PSYCHOLOGY APPLIED	BCD	COMMERCE
EPH	PSYCHOLOGY CHILD	BCE	AVIATION MAINTENANCE
EPK	PSYCHOLOGY	BCF	INFORMATION SYSTEM
	EDUCATIONAL		MANAGEMENT
EPL	PSYCHOLOGY	BCX	BUSINESS ECONOMICS
	COUNSELING	BHA	HEALTH SERVICES
EPM	PSYCHOLOGY		ADMINISTRATION
	INDUSTRIAL	BWX	DESIGN TECHNOLOGY
EPX	PSYCHOLOGY GENERAL	BXX	BUSINESS GENERAL
ERA	GEOPOLITICS	CCL	CITY PLANNING
ERX	POLITICAL SCIENCE	CCM	REGIONAL PLANNING
ESX	SOCIOLOGY	CFW	GEOGRAPHY (PHYSICAL)
ETX	MORTUARY SCIENCE	CHE	COMMUNICATIONS
EXX	SOCIAL SCIENCE	DAB	AGRONOMY SOIL
	GENERAL		SCIENCE
YYY	UNDECLARED	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

**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

EDX	ECONOMICS GENERAL	DAR	BIOMETRY
EEB	INSTRUCTIONAL TECHNOLOGY	DBA	ASTRODYNAMICS
EEC	EDUCATION INDUSTRIAL	DBC	ASTROPHYSICS
EKD	COMMUNICATIONS SCIENCES	DBX	ASTRONOMY
EPC	PSYCHOLOGY CLINICAL	DCA	BOTANY GENERAL
EPF	PSYCHOMETRICS/ PSYCHOPHYSICS	DCB	ENTOMOLOGY
EPG	PSYCHOLOGY (ARTIFICIAL INTELLIGENCE)	DCC	BACTERIOLOGY
FAA	CLINICAL OPTOMETRY MANAGEMENT	DCD	PARASITOLOGY
FAB	LABORATORY SCIENCE	DCE	TAXONOMY
FAC	NUCLEAR PHARMACY	DCF	ZOOLOGY
FBA	DIETETICS	DCG	MED MICROBIOLOGY
FBB	DIETITIAN ADMINISTRATIVE	DCK	RADIATION BIOLOGY
FBC	DIETITIAN THERAPEUTIC	DCL	RADIOLOGICAL HYGIENE
FBD	DIETITIAN CLINICAL	DCX	BIOLOGY
FBX	NUTRITION	DDA	BIOCHEMISTRY GENERAL
FCA	OCCUPATIONAL THERAPY	DDB	CHEMISTRY ANALYTICAL GENERAL
FCB	OCCUPATIONAL THERAPY – KINESIOLOGY	DDC	CHEMISTRY INORGANIC GENERAL
FCX	OCCUPATIONAL THERAPY (ARTS/CRAFTS)	DDD	CHEMISTRY ORGANIC GENERAL
FDA	ANATOMY	DDE	CHEMISTRY PHYSICAL GENERAL
FDB	PHYSICAL THERAPY	DDF	CHEMISTRY NUCLEAR
FDC	PHYSICAL THERAPY ELECTROPHYSICS	DDG	CHEMISTRY CERAMICS/GLASS
FDD	PHYSICAL THERAPY NEUROLOGY	DDH	GLASS TECHNOLOGY
FDX	PHYSICAL THERAPY CORRECTIVE EXERCISE	DDK	CHEMISTRY ELECTROCHEMISTRY
FEA	PATHOLOGY SPEECH	DDL	CHEMISTRY TEXTILE
FEX	AUDIOLOGY	DDM	CHEMISTRY PAPER
FJA	ENVIRONMENTAL HEALTH	DDN	CHEMISTRY INDUSTRIAL
FKA	SANITARY SCIENCE	DDO	RADIOCHEMISTRY
FLA	PUBLIC HEALTH	DDP	METALLURGY
PEX	PRE-LAW	DDX	CHEMISTRY GENERAL
PXX	LAW GENERAL	DEX	GEODETTIC SCIENCE
		DFX	GEOGRAPHY GENERAL/ECONOMIC/POLITICAL

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

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	CBX	AGRICULTURE ENGINEERING
DHX	MATHEMATICS GENERAL	CCD	URBAN PLANNING
DLA	PHYSICS BIOPHYSICS AND RADIOLOGY	CCF	ENGINEERING STRUCTURAL
DLB	PHYSICS ELECTRICITY/ MAGNETISM/ ELECTRONIC	CCG	CIVIL ENGINEERING (STRUCTURAL DYNAMICS)
DLC	HEALTH PHYSICS	CCH	ENGINEERING (TRANSPORTATION)
DLD	PHYSICS NUCLEAR	CCK	RADIOLOGICAL SAFETY AND DEFENSE
DLE	PHYSICS OPTICS LIGHT (OPTICS)	CCN	ENGINEERING SPACE FACILITIES
DLF	PHYSICS THERMAL	CCO	ENVIRONMENTAL ENGINEERING
DLG	JET PROPULSION	CCP	ENVIRONMENTAL HEALTH ENGINEERING
DLH	TECHNOLOGY NUCLEAR REACTOR	CCQ	ENVIRONMENTAL SCIENCE
DLK	APPLIED SCIENCE	CCR	CIVIL ENGINEERING (SANITARY)
DLL	MEDICAL TECHNOLOGY	CCX	CIVIL ENGINEERING
DLM	RADIOLOGICAL PHYSICS	CDA	BIOMEDICAL ENGINEERING
DLN	ACOUSTICS	CDX	ENGINEERING CERAMIC
DLP	AERODYNAMICS	CEX	ENGINEERING CHEMICAL
DLX	PHYSICS GENERAL	CEY	COMPOSITE MATERIALS
DLY	LASER/MICROWAVE PHYSICS	CFA	AEROSPACE ENGINEERING (SPACE TRAVEL)
DLZ	PHYSICS ASTRODYNAMICS	CFC	SPACE SYSTEMS ENGINEERING
DMS	MATERIAL SCIENCE	CFX	ENGINEERING AERONAUTICAL
DPS	POLYMER SCIENCE	CFY	CARTOGRAPHY
DXX	PHYSICAL SCIENCES GENERAL	CFZ	ASTRONAUTICAL ENGINEERING
FGC	VIROLOGY	CGA	PRODUCTION DESIGN ENGINEERING
FHA	SEROLOGY	CGK	GEOLOGICAL ENGINEERING
FHX	IMMUNOLOGY	CGX	ENGINEERING ADMINISTRATION
FIA	TOXICOLOGY	CHA	ENGINEERING ELECTRONICS
FIB	PHARMACOLOGY	CHB	ENGINEERING RADIO
FIC	CHIROPRACTICS	CHF	ELECTRONIC WARFARE SYSTEMS TECHNOLOGY
FKX	PHYSIOLOGY	CHJ	JOINT COMMAND, CONTROL & COMMUNICATION
GOB	PHYSICIAN'S ASSISTANT TRAINING	CHX	ENGINEERING ELECTRICAL
GPA	BASIC SCIENCE	CKB	ENGINEERING ORDNANCE
GPB	PRE-DENTAL AND PRE-VET	CKC	ENGINEERING RAILWAY
GPX	PRE-MED	CKD	ENGINEERING REFRIGERATION
KXX	PHARMACY	CKE	ENGINEERING AIR CONDITIONING
LAX	PHYSIOLOGIC OPTICS		

**Academic Discipline Mix 4 -
Engineering**

CODE	ACADEMIC TITLE
CAA	ARCHITECTURAL ENGINEERING
CAB	NAVAL ARCHITECTURE ENGINEERING
CAC	ARCHITECTURE LANDSCAPE
CAX	ARCHITECTURE GENERAL

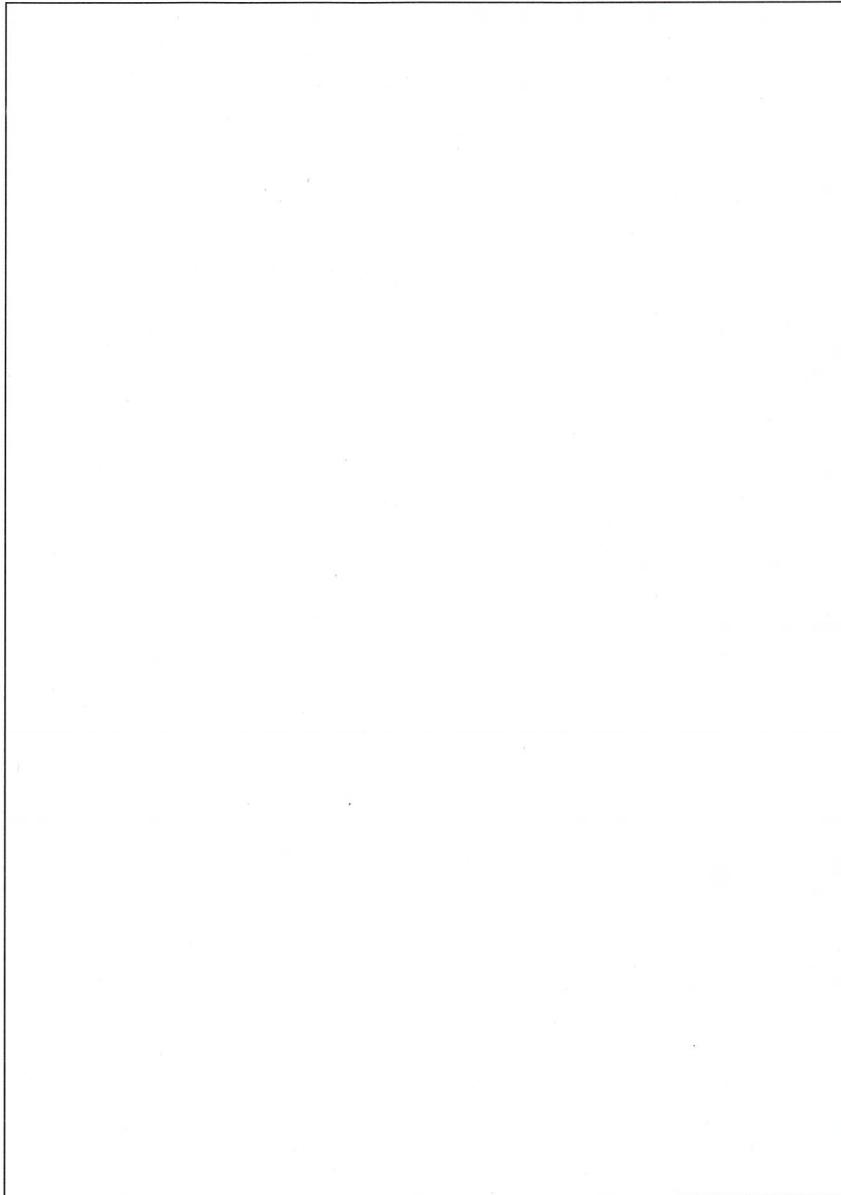
APPENDIX - B

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(<i>do not include the dashes</i>)	HEIGHT(<i>represented in inches</i>)	WEIGHT(<i>represented in pounds</i>)
DATE OF PICTURE (<i>Month and Year</i>)		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

DODMERB USE ONLY

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.

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			
b. ROTC DETACHMENT CODE (If applicable):				RESERVE/ GUARD			

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						16. READING ALOUD TEST				
RIGHT		LEFT								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)		21. COVER TEST		22. COLOR VISION		MTF and MEPS only:		23. DEPTH PERCEPTION		
ESO ^Δ EXO ^Δ RH ^Δ LH ^Δ		PASS (Non-Tropia)		PIP (14 plate test only)		Perform FALANT if applicant passes 11 or less on PIP.		TEST USED		SCORE
		FAIL (Tropia)		No. Passed		Document on DD Form 2489 or SF 600, recording FALANT results per protocol.		VTA-ND/OVT/AFVT		
				No. Failed				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)			26. OCULAR MOTILITY AND BINOCULARITY (RED LENS TEST)				
			PASS FAIL			PASS FAIL		IF FAILED: DIPLOPIA SUPPRESSION		

LABORATORY

27. URINALYSIS									
PROTEIN		NEG	T	1+	2+	3+	4+	MICROSCOPIC EXAMINATION (If required) (X one)	
SUGAR		NEG	T	1+	2+	3+	4+	NEGATIVE	
BLOOD		NEG	T	1+	2+	3+	4+	POSITIVE (List results)	

28. OTHER TESTS (Specify type and results)

CLINICAL EVALUATION

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

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)
-----------------------	--------	-----------	-----------------

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

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

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

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	DO YOU	9a. If you wear contact lenses, how many days have they been removed prior to this examination?		
YES	NO			Marijuana			8. Wear glasses			
				Alcohol (Amount, frequency, treatment, if any)			9. Wear contact lenses or corneal eye retainers (If Yes, complete 9a.)	Less than 3	3 - 20	21 or over
				Chemical Inhalants				Type lens:	Hard	Soft
				Hallucinogens			10. HAVE YOU EVER HAD YOUR VISION IMPROVED BY METHODS OTHER THAN STATED IN QUESTIONS 8 OR 9?			
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			a. Inability to perform certain movements?
				20. Epilepsy, seizures or convulsions			49. Hernia or rupture			b. Inability to assume certain positions?
				21. Loss of memory (amnesia)			50. Any bone or joint problem, injuries, surgery or medical treatment			c. Other medical reasons?
				22. Depression, anxiety, excessive worry, or nervousness			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			74. Been denied or rated up for life insurance?
				24. Frequent trouble sleeping			53. Back pain or trouble			75. Received or applied for pension or compensation for existing disability?
				25. Hearing loss			54. Paralysis or weakness			76. Had or been advised to have, any surgical operations?
				26. Ear, nose, or throat trouble			55. Foot trouble/use orthotics			77. Consulted, or been treated by clinics, hospitals, physicians, healers, or other practitioners for other than minor illnesses?
				27. Sinusitis or sinus trouble			56. Rheumatic fever			78. Had any injury or illness other than those already noted?
				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)			
				30. Thyroid trouble			59. Skin conditions such as acne, psoriasis, hand or foot rashes, eczema, or dry skin			
				31. Chronic cough or lung disease			60. Adverse reaction to vaccines, drugs, medicines, foods, insect bites or stings	YES	NO	FEMALES ONLY (Complete items 79 - 82)
				32. Asthma or wheezing			61. Eating disorder			79. Been treated for a female disorder, painful periods, or cramps
				33. Unusual shortness of breath			62. Recent gain or loss of weight			80. Had a change in menstrual pattern
				34. Pain or pressure in chest			63. Excessive bleeding or easy bruising			81. Are you now pregnant?
				35. Palpitation or pounding heart			64. Tumor, growth, cyst, or cancer			82. Date of last menstrual period (YYYYMMDD)
				36. Heart trouble or heart murmur			65. Considered or attempted suicide			
				37. High blood pressure						
				38. Coughed up or vomited blood						
				39. Stomach, liver, or intestinal trouble						

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)	

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

SECTION I - PERSONAL IDENTIFICATION

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

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) TIS and or TSO waiver
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> 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 **Scholarship** 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 _____

Requested separation 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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME (Last, First, Middle) Commander, Battalion, A.		e. RANK LTC	f. DATE (YYYYMMDD)
g. TITLE/POSITION Battalion Commander		h. SIGNATURE	
i. COMMENTS			
AUTHORITY a. TO		b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> 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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> 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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> 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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> 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) HQ, CADET COMMAND ATTN: Green to Gold, Bldg. 1002 204 1 st Cavalry Regiment Road Ft. Knox, KY 40121	2. TO (Include ZIP Code) Commander Attn: Knox-HRC-EPF-A 1600 Spearhead Division Road Fort Knox, KY 40122	3. FROM (Include ZIP Code) Commander ___ Battalion ** Armor Fort ***, ** 12345
--	--	---

SECTION I - PERSONAL IDENTIFICATION

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

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) TIS and or TSO waiver
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> 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 Hip Pocket Scholarship 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 _____

Requested separation 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 signature of commander, CPT, AR, Commanding	13. SIGNATURE	14. DATE (YYYYMMDD)
--	---------------	---------------------

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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
d. NAME (Last, First, Middle) Commander, Battalion, A.		e. RANK LTC	f. DATE (YYYYMMDD)
g. TITLE/POSITION Battalion Commander		h. SIGNATURE	
i. COMMENTS			
AUTHORITY a. TO		b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> 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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> 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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> 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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> 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 PRMACY 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) HQ, CADET COMMAND ATTN: Green to Gold, Bldg. 1002 204 1 st Cavalry Regiment Road Ft. Knox, KY 40121	3. FROM (Include ZIP Code) Your Command Info
----------------------------	---	---

SECTION I - PERSONAL IDENTIFICATION

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

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)

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

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/YYYY
 b. Projected Commission Date: MM/DD/YYYY (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)		

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

SECTION I - PERSONAL IDENTIFICATION

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

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) Civil Conviction Waiver
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> 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 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.
- The following information is provided:
- 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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (<i>Last, First, Middle</i>)		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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (<i>Last, First, Middle</i>)		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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (<i>Last, First, Middle</i>)		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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (<i>Last, First, Middle</i>)		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) ROTC PMS/ROTC BDE CDR info	2. TO (Include ZIP Code) HQ, US Army Cadet Command ATTN: RMID, Scholarship Processing 1st Cavalry Division Road, Bldg 1002, Ft. Knox, KY 40121	3. FROM (Include ZIP Code) Your Command Information
--	--	--

SECTION I - PERSONAL IDENTIFICATION

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

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) AGE WAIVER
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> 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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (<i>Last, First, Middle</i>)		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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (<i>Last, First, Middle</i>)		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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (<i>Last, First, Middle</i>)		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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (<i>Last, First, Middle</i>)		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 <i>(Include ZIP Code)</i> ROTC PMS/ROTC BDE CDR info	2. TO <i>(Include ZIP Code)</i> HQ, US Army Cadet Command ATTN: RMID, Scholarship Processing 1st Cavalry Division Road, Bldg 1002, Ft. Knox, KY 40121	3. FROM <i>(Include ZIP Code)</i> Your Command Information
---	---	---

SECTION I - PERSONAL IDENTIFICATION

4. NAME <i>(Last, First, MI)</i> Your Name	5. GRADE OR RANK/PMOS/AOC Your Info	6. SOCIAL SECURITY NUMBER 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)*

<input type="checkbox"/> Service School <i>(Enl only)</i>	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training <i>(Enl only)</i>	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment <i>(Enl only)</i>	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other <i>(Specify)</i> CGPA or SAT/ACT Waiver
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER <i>(When required)</i>	10. DATE (YYYYMMDD)
--	---------------------

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

1. Soldier requests a CGPA/SAT/ACT waiver for participation in the Green to Gold program. Applicants must have a minimum 2.5 GPA, SAT 920 (Math/Reading only), and ACT 19 (composite, no writing) or higher.

a. CGPA may be waived for 2.0- 2.49 by CG, Cadet Command.
 b. SAT may be waived for 850-919 by CG, Cadet Command.
 c. ACT may be waived for 17-18 by CG, Cadet Command.

2. The following information is provided:

a. Please list the CGPA, SAT, and/or ACT score(s) requested to be waived

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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (<i>Last, First, Middle</i>)		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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (<i>Last, First, Middle</i>)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO Chief of Staff/DCG	b. FROM RMID Director	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (<i>Last, First, Middle</i>)		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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (<i>Last, First, Middle</i>)		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 <i>(Include ZIP Code)</i> ROTC PMS/ROTC BDE CDR info	2. TO <i>(Include ZIP Code)</i> HQ, US Army Cadet Command ATTN: RMID, Scholarship Processing 1st Cavalry Division Road, Bldg 1002, Ft. Knox, KY 40121	3. FROM <i>(Include ZIP Code)</i> Your Command Information
---	---	---

SECTION I - PERSONAL IDENTIFICATION

4. NAME <i>(Last, First, MI)</i> Your Name	5. GRADE OR RANK/PMOS/AOC Your Info	6. SOCIAL SECURITY NUMBER 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)*

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

9. SIGNATURE OF SOLDIER <i>(When required)</i>	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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (<i>Last, First, Middle</i>)		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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (<i>Last, First, Middle</i>)		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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (<i>Last, First, Middle</i>)		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: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (<i>Last, First, Middle</i>)		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)	<input style="width: 90%;" type="text"/>
3. BONDS, STOCKS (Investments)	<input style="width: 90%;" type="text"/>
4. COLLEGE TRUST	<input style="width: 90%;" type="text"/>
5. MOTOR VEHICLES (No Lein-Holder)	<input style="width: 90%;" type="text"/>
6. OTHER (i.e., Motorcycle, Rental Property)	<input style="width: 90%;" type="text"/>
7. TOTAL ASSETS	<input style="width: 90%;" type="text"/>

PART III - COLLEGE LIABILITIES

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

8. RENT/MORTGAGE (Apartment/House)	<input style="width: 90%;" type="text"/>
8a. LIVE WITH PARENTS/FAMILY (Enter an amount if there is a cost)	<input style="width: 90%;" type="text"/>
<i>(NOTE: If item 8 or 8a is \$0 explain why):</i> _____	
9. UTILITIES (Electric, Water, Telephone, Cable, Gas)	<input style="width: 90%;" type="text"/>
10. MONTHLY FOOD EXPENSE	<input style="width: 90%;" type="text"/>
11. MEDICAL EXPENSE (Outstanding Medical Bills)	<input style="width: 90%;" type="text"/>
12. MONTHLY CLOTHING EXPENSE	<input style="width: 90%;" type="text"/>
13. INSURANCE (Life, Medical)	<input style="width: 90%;" type="text"/>
14. INSURANCE (Auto, Motorcycle, Home, Renters)	<input style="width: 90%;" type="text"/>
15. CAR OPERATING EXPENSES (Maintenance)	<input style="width: 90%;" type="text"/>
16. CAR PAYMENT	<input style="width: 90%;" type="text"/>
17. TOTAL LOANS/DEBITS (Outstanding Bills, VISA, Credit Cards)	<input style="width: 90%;" type="text"/>
18. MISCELLANEOUS EXPENSES (i.e. Entertainment)	<input style="width: 90%;" type="text"/>
19. CHILD SUPPORT (Dependent child under age 18)	<input style="width: 90%;" type="text"/>
20. OTHER	<input style="width: 90%;" type="text"/>
21. TOTAL MONTHLY DEBTS	<input style="width: 90%;" type="text"/>

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

22. FREE ROOM & BOARD <i>(Check the appropriate box)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	23. SCHOLARSHIP (Other than ROTC)	<input style="width: 90%;" type="text"/>
24. WORK STUDY	<input style="width: 100%;" type="text"/>		25. SCHOLARSHIP (ROTC)	<input style="width: 90%;" type="text"/>
26. STUDENT LOANS	<input style="width: 100%;" type="text"/>		27. STIPEND	<input style="width: 90%;" type="text"/>
28. APPLICANT SALARY	<input style="width: 100%;" type="text"/>		29. MGIB CHAPTER 30	<input style="width: 90%;" type="text"/>
30. SPOUSE SALARY	<input style="width: 100%;" type="text"/>		31. ADDITIONAL MGIB	<input style="width: 90%;" type="text"/>
32. GRANTS	<input style="width: 100%;" type="text"/>		33. ARMY COLLEGE FUND	<input style="width: 90%;" type="text"/>
34. PLUS +	<input style="width: 100%;" type="text"/>		35. TOTAL MONTHLY INCOME	<input style="width: 90%;" type="text"/>

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	5. CREDIT HOURS Select Semester or Quarter (S/Q) Semester		6. GRADE POINT AVERAGE (GPA)
a. IDENTIFICATION (Check one): <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> Host <input type="checkbox"/> Extension Center <input type="checkbox"/> Cross-Enrolled </div> <div style="width: 15%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>	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		Term: Curr GPA: CUM: Term: Curr GPA: CUM: Term: Curr GPA: CUM: Term: Curr GPA: CUM: Term: Curr GPA: CUM:
b. HOST FICE	c. HOST SCHOOL		

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

a. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Term:</th> <th colspan="3">Year:</th> </tr> <tr> <th>No.</th> <th>Course Title</th> <th>Hrs.</th> <th>Cts.</th> <th>Grd.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2" style="text-align: right;">Total Term Hours:</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Term:		Year:			No.	Course Title	Hrs.	Cts.	Grd.																																																			Total Term Hours:					b. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Term:</th> <th colspan="3">Year:</th> </tr> <tr> <th>No.</th> <th>Course Title</th> <th>Hrs.</th> <th>Cts.</th> <th>Grd.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2" style="text-align: right;">Total Term Hours:</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Term:		Year:			No.	Course Title	Hrs.	Cts.	Grd.																																																								Total Term Hours:					c. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Term:</th> <th colspan="3">Year:</th> </tr> <tr> <th>No.</th> <th>Course Title</th> <th>Hrs.</th> <th>Cts.</th> <th>Grd.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2" style="text-align: right;">Total Term Hours:</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Term:		Year:			No.	Course Title	Hrs.	Cts.	Grd.																																																								Total Term Hours:									
Term:		Year:																																																																																																																																																																																																																		
No.	Course Title	Hrs.	Cts.	Grd.																																																																																																																																																																																																																
Total Term Hours:																																																																																																																																																																																																																				
Term:		Year:																																																																																																																																																																																																																		
No.	Course Title	Hrs.	Cts.	Grd.																																																																																																																																																																																																																
Total Term Hours:																																																																																																																																																																																																																				
Term:		Year:																																																																																																																																																																																																																		
No.	Course Title	Hrs.	Cts.	Grd.																																																																																																																																																																																																																
Total Term Hours:																																																																																																																																																																																																																				
d. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Term:</th> <th colspan="3">Year:</th> </tr> <tr> <th>No.</th> <th>Course Title</th> <th>Hrs.</th> <th>Cts.</th> <th>Grd.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2" style="text-align: right;">Total Term Hours:</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Term:		Year:			No.	Course Title	Hrs.	Cts.	Grd.																																																								Total Term Hours:					e. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Term:</th> <th colspan="3">Year:</th> </tr> <tr> <th>No.</th> <th>Course Title</th> <th>Hrs.</th> <th>Cts.</th> <th>Grd.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2" style="text-align: right;">Total Term Hours:</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Term:		Year:			No.	Course Title	Hrs.	Cts.	Grd.																																																								Total Term Hours:					f. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Term:</th> <th colspan="3">Year:</th> </tr> <tr> <th>No.</th> <th>Course Title</th> <th>Hrs.</th> <th>Cts.</th> <th>Grd.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2" style="text-align: right;">Total Term Hours:</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Term:		Year:			No.	Course Title	Hrs.	Cts.	Grd.																																																								Total Term Hours:				
Term:		Year:																																																																																																																																																																																																																		
No.	Course Title	Hrs.	Cts.	Grd.																																																																																																																																																																																																																
Total Term Hours:																																																																																																																																																																																																																				
Term:		Year:																																																																																																																																																																																																																		
No.	Course Title	Hrs.	Cts.	Grd.																																																																																																																																																																																																																
Total Term Hours:																																																																																																																																																																																																																				
Term:		Year:																																																																																																																																																																																																																		
No.	Course Title	Hrs.	Cts.	Grd.																																																																																																																																																																																																																
Total Term Hours:																																																																																																																																																																																																																				

8. STUDENT INITIALS & DATE:

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

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

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) _____

PLANNED ACADEMIC PROGRAM WORKSHEET

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

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. <u>Total Credits Required for Degree</u>	<input type="text"/>
9. <u>Transfer Credits Accepted Towards Degree</u>	<input type="text"/>
10. <u>Total Credits Remaining for Degree</u>	<input type="text"/>

11. <u>Print Name of Registrar (or other Institution Certifying Official):</u> <input type="text"/>	12. <u>Date</u> <input type="text"/>
13. <u>Signature of Registrar (or other Institution Certifying Official):</u> <input type="text"/>	14. <u>Date</u> <input type="text"/>

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	