

## OCS STUDENT ENROLLMENT PREREQUISITE CHECKLIST

NAME (LAST, FIRST, MI) \_\_\_\_\_ SSN: (LAST 4) \_\_\_\_\_ STATE \_\_\_\_\_

\_\_\_\_ TRADITIONAL PROGRAM \_\_\_\_ AOCs PROGRAM

\_\_\_\_ EMERGENCY CONTACT INFORMATION SHEET

\_\_\_\_ ENROLLMENT APPLICATION (not required for 09S)/ ATRRS RS PRINTOUT

\_\_\_\_ LETTER of RECOMMENDATION / not required for 09S or Reserve Soldier's

\_\_\_\_ ETS DATE: (\_\_\_\_\_) MUST BE LATER THAN END OF COURSE (PQR Printout or DA 4836)

\_\_\_\_ TDY/TRAVEL ORDERS: PHASE I: \_\_\_\_ PHASE II: \_\_\_\_ PHASE III: \_\_\_\_

\_\_\_\_ ATTACHMENT ORDERS: (if applicable)

\_\_\_\_ PROMOTION: PROVIDE COPY OF PROMOTION ORDERS TO E-5

\_\_\_\_ AGE: DOB (\_\_\_\_\_) Birth Certificate, MUST NOT EXCEED 41 YEARS AND 364 DAYS AT TIME OF INITIAL APPOINTMENT, Proof of Citizenship required if not born in the US. Name change documents (If applicable)

\_\_\_\_ MEDICAL: A COPY OF THE CURRENT MEDICAL PROTECTION SYSTEM (MEDPROs) – INDIVIDUAL MEDICAL READINESS (IMR) RECORD PRINT OUT MUST ACCOMPANY THE APPLICANT'S OCS ENROLLMENT PACKET / CHAPTER 2 VERIFICATION MEMO (AND MEDICAL WAIVERS, IF NECESSARY)

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

\_\_\_\_ TEST SCORES: GT SCORE (MIN 110) SCORE: \_\_\_\_ (NO WAIVERS ARE AUTHORIZED)

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

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

\_\_\_\_ SECURITY CLEARANCE: MAY ENROLL WITH AN INTERIM CLEARANCE AT THE DISCRETION OF THE STATE SECURITY MANAGER

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

\_\_\_\_ BIO'S (PROVIDE 2 COPIES) **placed in part 2**

\_\_\_\_ APFT: PROVIDE COPY OF DA FORM 705 WITH PASSING SCORE WITHIN 60 DAYS OF PHASE I, **705 placed in part 6**

\_\_\_\_ HEIGHT/WEIGHT: DA FORM 5500-R OR DA FORM 5501-R (AS REQUIRED) HT/WT \_\_\_\_/\_\_\_\_ BODY COMPOSITION \_\_\_\_%  
MAX ALLOWABLE \_\_\_\_% **DA Form 5500-R or 5501-R placed in part 6**

\_\_\_\_ OPAT: CURRENT OPAT SCORE CARD (USACIMT EDITION 6 JULY 2016 v10.1) **OPAT placed in part 6**

MEETS PREREQUISITES: \_\_\_\_\_ DOES NOT MEET PREREQUISITES: \_\_\_\_\_ (SEE REMARKS)

REMARKS: \_\_\_\_\_

QA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

POC for OCS State Rep: Rank/Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone number Office:: \_\_\_\_\_ Cell: \_\_\_\_\_