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





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

# INFORMATION BOOKLET

As of 20 June 2019

# THE ARMY RESERVE OFFICERS' TRAINING CORPS (ROTC) TWO-, THREE-, AND FOUR-YEAR SCHOLARSHIP PROGRAM FOR U.S. REGULAR ARMY ENLISTED PERSONNEL

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

#### **Critical Dates:**

12 JUN 19: Application window opens.

30 NOV 19: Last day to create online application/ Phase 1 document submission.

09 DEC 19: Selection Board Convenes.

13 DEC 19: Selection Board Recesses.

**Announcement Date:** Soldiers selected to move to Phase 2 should be published no later than 01 FEB 19.

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

#### **GENERAL INFORMATION**

#### Mission Statement

The Green to Gold Scholarship Program is a program that provides eligible, Regular Army (RA) Enlisted Soldiers an opportunity to complete their first Baccalaureate degree or their first Master's degree. Upon the successful completion of their degree program the Soldier is commissioned as an Officer in the US Army in either the Active or Reserve component.

Note: Applicants are discharged from service and forfeit all pay, benefits, and allowances.

#### **Phases**

The Program consist of two phases:

Phase one is the preliminary process. This phase consists of creating an online application, submission of board required documents, verifying board eligibility, and packet appearance before a selection board.

Phase two is the qualification process. Selected Soldiers must be administratively and medically qualified prior to awarding of a Winner Letter. To become administratively qualified the applicant must ensure all required documents (to include waivers) are uploaded to the application portal. To be medically qualified the applicant must be cleared by the Department of Defense Medical Evaluations Review Board (DoDMERB), there are no exceptions.

#### **Selection Process**

The selection process consists of eight Professors of Military Science (PMS) reviewing all completed applications. Selections are based on the Scholar, Athlete, Leader (SAL) concept. Once the selection process is completed an Order of Merit List is established. Cadet Command will notify Commanders of Soldiers selected to advance to phase two.3

Winner Letter. The Winner Letter is produced upon completion of phase two. The applicant's file receives final verification to ensure all requirements have been completed. The Winner Letter will be sent to the applicant's Company level Commander through email. Upon receipt of the Winner Letter the applicant must accept or decline the offer and return the signed Letter of Intent (LOI). USACC will contact HRC and assignment instructions will follow.

Applicants meeting all requirements and entering into the program will incur an 8 year service obligation. This will be fulfilled by serving in RA for a minimum of 3 years followed by 5 years of service in the Army in either an Active Duty or Reserve status.

#### Waiver Process

Waiver processing. All required waivers will be submitted on a fillable DA Form 4187 and routed through the applicants' ROTC Chain of Command. Examples are located in this handbook starting on page 4

#### Tuition

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 Soldier's 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 is to ensure that you, the Soldier fully understand your benefits before making any decisions.

#### Class Attendance

Seventy-five percent of scheduled classes must be taken in a classroom environment. Applicant must be enrolled as a full-time student, taking a minimum of 12 (9 for Master's) and maximum of 18 credit/semester hours.

#### Counterpart

For questions or assistance in completing the application contact the ROTC Program located nearest your Military installation. These "Counterpart Programs" are listed on page 13 of this handbook. Soldiers stationed outside the United States are also assigned a Counterpart Program staffed specifically to assist them.

#### **ELIGIBILITY**

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

- 1. Be a citizen of the United States. No waiver authorized.
- 2. Be eligible for appointment as a commissioned officer in the U.S. Army under the provisions of AR 135-100.
- 3. Be under 31 on 31 December of the year of graduation and completion of all requirements for commission. Waiver are NOT authorized.
- 4. Have completed less than 10 years Active Federal Service (AFS) at the projected time of graduation and commissioning. Waiver authorized.
- 5. Have favorable recommendations from Soldiers current Chain of Command (immediate and Battalion Level Commander).
- 6. Have received a score of 110 or higher on the General Technical (GT) Aptitude Area of the Army Classification Battery. If the score is below 110, a Soldier may re-test through their installation education centers. Soldier must meet minimum requirements by the application due date. No waiver authorized.
- 7. Have a minimum cumulative grade point average of 2.5 on a 4.0 grading point system (unweighted) on all previous college work completed (2 and 3 year applicants) or High School transcript (4 year applicants). Waiver authorized for 2.0- 2.49.
- 8. Have a minimum SAT score of 1000 (or 920 if taken prior to 4 MAR 17) or ACT score of 19 (four year scholarship applicants only). Waivers Authorized
- 9. Have passed an Army Physical Fitness Test (APFT) and achieved at least a score of 180 or higher with a minimum of 60 points in each event (alternate events are not authorized) within the last six months of receipt of the application. APFT information must be updated on the Enlisted Record Brief under the Personal/Family Data section. No waiver authorized.
- 10. 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.. Summer sessions are authorized but cannot interfere with Advance Camp attendance. Transfer hours accepted by the school of attendance must be included on USACC Form 104-R, block 5c as credits applied towards the degree being pursued. This information must be confirmed by the school's administration through an official evaluation of all official transcripts. Course overload (more than 6 classes per semester/quarter) is NOT permitted. Students must be

enrolled full-time with 75% of the curriculum in traditional class-room settings. Exceptions to the 75% rule will be considered based on course curriculum. 4-year applicants do not need USACC Form 104-R.6

- 11. Obtain a letter of acceptance from the Professor of Military Science (PMS) into the Army ROTC Program affiliated with the college/university the Soldier plans to attend and the start date of the school term. Contact the PMS at the institution in order to receive this letter.
- 12. Have a secret or higher security clearance. Soldiers without a clearance must provide a memo from their unit's security manager's office that states that the individual has a favorable closed Tier-3 (T3), Teir-5 (T5), Single Scope Background Investigation (SSBI), or National Agency Check Local and Credit (NACLC) investigation.
- 13. Be medically qualified IAW AR 40-501, Standards of Medical Fitness dated 12 April 2004, Chapter 2, to participate in the ROTC program as determined by Department of Defense Medical Examination Review Board (DoDMERB), the agency responsible for reviewing medical examinations (must be medically qualified by 01 July or request to be deferred until the Spring Semester).
  - 14. Have no more than three dependents (including spouse). Waiver authorized.
- 15. 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. For instructions on how to complete the DA 4187 waiver request, please visit: <a href="https://www.hrc.army.mil/EPMD/Enlisted%20to%20Officer%20Programs">https://www.hrc.army.mil/EPMD/Enlisted%20to%20Officer%20Programs</a>
- 16. 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. If a waiver of the service obligation for training is required, the Soldier must submit the request for waiver through HQCC to HRC-Fort Knox, KY with the scholarship application. HQCC will forward the DA Form 4187 to HRC-Fort Knox, KY. For instructions on how to complete the DA 4187 waiver request, please visit:

https://www.hrc.army.mil/EPMD/Enlisted%20to%20Officer%20Programs

#### **INELIGIBILITY**

Soldiers are ineligible for the program if-

- 1. Will not be a member of the Regular Army on 1 June of the year in which the scholarship starts.
  - 2. Do not have a favorable recommendation by their chain of command.
  - 3. Are ineligible for reenlistment.
  - 4. Are a conscientious objector, as defined in AR 600-43, Conscientious Objection.
  - 5. Have a misdemeanor record of a Domestic Violence Conviction.
  - 6. Are under suspension of favorable personnel action (FLAGS) IAW AR 600-8-2.
  - 7. Have 10 years or more of AFS at time of commissioning. Waivers authorized.
- 8. Are under probation for 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. A waiver previously approved for enlisting in the Army does not constitute a waiver for entry into an officer producing program. Waivers are authorized.
- 10. Have not completed a minimum of 24 months' Time In Service at time of discharge. Waivers Authorized
  - 11. Have not fulfilled Training Service Obligation. Waivers Authorized
- 12. Are a Soldier without a spouse and have one or more dependents under 18 years of age is disqualified except as provided in paragraph 11(c) below. Waiver authorized.

#### 13. Dependents:

- a. A Soldier with a spouse in a military component of any armed service (excluding members of the Individual Ready Reserve (IRR)) that has one or more household members under 18 years of age. Waiver authorized.8
- b. A divorced Soldier may be processed for enrollment without a waiver when the child or children has/have been placed in the custody of the other parent, an adult relative

or legal guardian by court order and the Soldier is not required to provide child support. Copies of court documents must be provided with the application.

- c. A divorced Soldier may be processed for a dependency waiver when the Soldier has joint/sole custody and/or the Soldier is required to provide child support. In both cases mentioned, the Soldier must sign a statement of understanding acknowledging he or she can be removed from the program should they regain custody of the child or children while enrolled in ROTC. An exception to the removal will only be considered if extraordinary circumstances prevail such as the death of the legal guardian or adult.
- d. Married couples who have one or more dependents under 18 years old are disqualified from enrollment in ROTC as a team. No waiver authorized. Either the husband or wife may enroll without a waiver subject to other provisions of this paragraph.
  - e. Soldiers do not need waivers for dependents over 18 years of age.

#### **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 S1 to the approving authority. Discharge should be requested and approved in sufficient time to allow appropriate time to arrive on campus.
- 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. Application must be completed online. Go to:

www.goarmy.com/rotc/enlisted-soldiers.html, scroll down to Green to Gold Active Duty

Option, then click on "Learn More", next scroll to the bottom of the page and click on "Take the Next Step: Create An Account". Once account is created, you now have access to the Green to Gold Access Portal. To log into the Access Portal, go to: <a href="https://gtg.usarmyrotc.com/dana-na/auth/url\_3/welcome.cgi">https://gtg.usarmyrotc.com/dana-na/auth/url\_3/welcome.cgi</a>, enter the email address you used to create the account as your username, enter password, then proceed with the application.

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 **Soldier's responsibility** to ensure all required documents are uploaded through the Green to Gold Access Portal, **NOT LATER THAN the last Saturday of November**. Incomplete files will not be forwarded to the Army ROTC Selection Board for review. **NOTE: RETAIN A COPY OF ALL DOCUMENTS FORWARED FOR RECORD.** 

#### **Phase 1 Requirements:**

- 1. **USACC FORM 174-R** (Green to Gold Program Application): This form is automatically generated in the online application.
- a. If Item 13, civil conviction is yes <u>A WAIVER REQUEST FOR THE</u>

  <u>DISQUALIFICATION MUST BE SUBMITTED as soon as possible</u>. The waiver request along with any supporting documents must be submitted along with the proper endorsement or approval with the application. Include a complete written affidavit with the description of the offense, to include all circumstances leading up to arrest and conviction and complete sentence imposed. In addition, submit a copy of the court record which indicated the charge, plea, and/or findings, as well as the sentence imposed and the record showing satisfaction of the sentence (when court records are not available, this fact must be established by correspondence from the court). The statement must be certified under oath. If an offense occurs after submission of the application, inform this headquarters and request a waiver.
- b. A favorable recommendation from the immediate commander and field grade commander commenting on the Soldier's officer-like qualities, i.e., Scholar-Athlete- Leader (S- A-L) criteria, leadership potential, appearance, personality, military record and aptitude for further military training.

- 2. **ERB**: An updated copy of the ERB indicating citizenship. Must include most recent APFT data (within 6 months of applying).
- 3. TRANSCRIPTS: Official transcripts of all colleges attended. The school accepting applicants for attendance should establish a cumulative grade point average (CGPA). CGPA should be annotated on CC Form 145-1-6. However, if a CGPA is not established by the college/ university, Cadet Command will compute the grades from all previous college work completed and establish a CGPA. If applicants received college credit by means of the USAFI or CLEP tests, official results of such tests must also be furnished to this headquarters. College Grade Reports are not transcripts and are unacceptable. Transcripts which appear in languages other than English must be translated prior to submission. High school transcripts are required for individuals applying for a 4-year scholarship. Soldiers are responsible for ensuring all official transcripts are enclosed in their packets.

4.USACC FORM 145-1-6 (Evaluation of Transfer of Credit): Page 1 of the form is required for Phase 1. This is a the Soldier's good faith estimate of how many credits and from what institution(s) he/she will be transferring to their requested university. This form is not required for those Soldiers applying for the Master's program or 4-Year Scholarship.

5.USACC FORM 104-R (Planned Academic Program Worksheet): The Phase 1 CC Form 104-R is the Soldier's good faith estimate of how many credits/classes will be required the earn his/her degree upon entry into the program. This form is not required for those Soldiers applying for 4-Year Scholarship. No signature other than the Soldier's is required.

6.USACC FORM 103-R (DA Photo): Photo must be taken in Army Service Uniform. Soldier who are deployed and unable to obtain an official photo may take a photo in duty uniform (without headgear or weapon), against a solid background. Photo should be from waist up.

7. **SAT/ACT**: 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 1,000 (composite of Verbal and Math) (920 if taken on or before 4 Mar 2016) or an ACT composite score of 19 to qualify for competition. If both the SAT and ACT are taken, furnish the results of both tests to this headquarters. Any other College Board test taken, other than ACT or SAT, are unacceptable (e.g. CEEB, etc.).

#### **Phase 2 Requirements**

- 1. **USACC FORM 145-1-6**: All three pages of this form are required for Phase 2. Evaluation should include course number and title, course grade, credit hours attempted and earned toward the degree pursuing and grade point average if available. This form is not required for those Soldiers applying for the Master's program or 4-Year Scholarship (NOTE: Some university systems may accept transfer credit for placement purposes and still require additional evaluation by the department awarding the degree. This may change the applicant's academic status).
- 2. **USACC FORM 104-R**: For Phase 2 this form must be completed by the university's ROTC Program, verified and signed by both the Soldier, the school registrar's office, and the PMS. The PMS or his/her representative will assist applicants in the completion of this form. Soldiers selected to participate in the program must attend the institution that provides the USACC Form 104-R. This form is not required for those Soldiers applying for 4-Year Scholarship.
- 3. **LOA** (Letter of Acceptance from the PMS): The letter should verify acceptance to the university, acceptance into the ROTC program, and academic status. The letter must also indicate school start date.
- 4. **WAIVERS**: Copy of waivers and/or waiver requests, as applicable. All waivers must be submitted on a fillable DA 4187 (see pages 39-59 for examples) and must be digitally signed.
- 5. **DODMERB MEDICAL EXAM**: (DD Forms 2351 and 2492 only March 2008 version is acceptable)
- \*\*ALTHOUGH DODMERB QUALIFICATION IS NOT REQUIRED UNTIL PHASE 2; IT IS HIGHLY RECOMMENDED THAT SOLDIERS START THE DODMERB QUALIFICATION PROCESS AS EARLY AS POSSIBLE; AS THE QUALIFICATION PROCESS MAY TAKE SOME TIME\*\*
- a) Have the Commanding Officer/First Sergeant contact the supporting medical treatment facility and request they accomplish a physical IAW AR 40-501, Chapter 2. When completing DD Form 2351, enter "ADEP" in block 8b. Ensure blocks 1-26 are completed, or the form will be rejected (Failure to enter data into sitting height and Read Aloud test blocks are the number one reason for rejection of the submitted documents). Write your AKO email address at the top of the DD Form 2351. The medical forms required can be obtained from the DoDMERB website at: <a href="https://dodmerb.tricare.osd.mil/Forms.aspx">https://dodmerb.tricare.osd.mil/Forms.aspx</a>.

- b) Medical examinations must be submitted with the application. This headquarters will forward the exam to DODMERB with the appropriate form for processing. DO NOT SEND THE EXAM DIRECTLY TO DODMERB. Delay in forwarding the exam could result in not being medically qualified in sufficient time to enroll in the program. The 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 01 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 exam back to this headquarters.
- c) Applicants must be fully medically qualified by 01 July to participate in this program or commanders will have to request a deferment until the spring semester.
- d) If a Soldier does not meet the screening table weight IAW AR 600-9, a current "Body Fat Content Worksheet" must be included in the application. This form must be attached to the ERB.

#### DIS-ENROLLMENT FROM THE PROGRAM

The dis-enrollment policies and procedures outlined in AR 145-1 and USACC Pam 145-4 will be followed upon discovery of a condition or fact which warrants disenrollment from the ROTC program.

#### **COUNTERPARTS**

COUNTERPARTS				
Post	ROTC Battalion	Telephone		
Aberdeen Proving	Morgan State Univ	(443) 885-3264		
Alaska (All Installations)	Univ Of Alaska	(907) 474-7501		
APO AP	8th Bde	(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		
Joint Base M-D-L	Rutgers Univ	(732) 932-7313x11		
Ft Drum, NY	Syracuse Univ	(315) 443-8233		
Joint Base Langley-Eustis	College Of William and Mary	(757) 221-3600		
Ft Gordon, GA	Georgia Regents Univ	(912) 706-4647		
Ft Hood, TX	Tarleton State University	(254) 616-3493		
Ft Huachuca, AZ	University Of Arizona	(520) 621-1078		
Fort Irwin, CA	Claremont McKenna College	(909) 621-8102		
Ft Jackson, SC	Univ Of South Carolina	(803) 777-3639		
Ft Knox, KY	University of Louisville	(502) 852-7902		
Ft Leavenworth, KS	University Of Kansas	(785) 864-1109		
Ft Lee, VA	Virginia State Univ 3rd Bde	(804) 524-5537		
Ft Leonardwood, MO	3rd Bde	(847)688-3328x112		
Joint Base Lewis-McChord	8th Bde	(253) 477-3581		
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		
Joint Base Myer-HH	Georgetown Univ	(202) 687-7008		
Ft Polk, LA	NW 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 (All Installations)	University Of Hawaii	(808) 956-7766		
Redstone Arsenal, AL	Alabama A&M	(256) 372-5775		
White Sands MR, NM	New Mexico State Univ	(575) 646-4030		
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ACB		AL COUNSELING	r	BBA	ADMINISTRATION PUBLIC
ACC		ON/THEOLOGY		BBB	PERSONNEL
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ACM		E MANDARIN			ADMINISTRATION
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ADU	DUTCH			DDII	INSTITUTIONAL
ADX	ENGLISH	H		BBM	CHURCH MANAGEMENT
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AKX	JOURNA			El ID	STUDIES
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	AMERIC	/		ECA	POLICE SCIENCE AND
	PHILOS			2011	ADMINISTRATION
	MALAY			ECB	CORRECTIONS
	NORWE			ECF	
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	RUSSIA			EEE	VOCATIONS SUBJECTS
ASC		CROATIAN		222	(CRAFTS, TRADE)
ASR		H (CASTILLIAN)		EEF	GENERAL EDUCATION
ASY					TECHNOLOGY
ATA	TAGALA	AC			

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
<b>EMX</b>	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	202	DEGREE
EPE	PSYCHOLOGY APPLIED	BCD	COMMERCE
EPH	PSYCHOLOGY CHILD	BCE	AVIATION MAINTENANCE
EPK	PSYCHOLOGY	BCF	INFORMATION SYSTEM
EDI	EDUCATIONAL	DCV	MANAGEMENT DUSTNESS ECONOMICS
EPL	PSYCHOLOGY COLINGELING	BCX	BUSINESS ECONOMICS
EPM	COUNSELING PSYCHOLOGY	BHA	HEALTH SERVICES ADMINISTRATION
EPIVI	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
Acado	emic Discipline Mix 2 -	DAF	FOOD TECHNOLOGY
Techr		DAM	PLANT PATHOLOGY
Teem	incur	DAN	SUGAR TECHNOLOGY
CODE	ACADEMIC TITLE	DAP	WILD LIFE RESOURCES
CODE	ACADEMIC TITLE	DAS	AVIATION SAFETY
BAA	ACCOUNTING/AUDITING	DAT	TECHNICAL
BAC	ADVERTISING		MANAGEMENT
BAD	BANKING AND	DAX	AGRICULTURE-FORESTRY
БПБ	FINANCING		GRENERAL
BAE	FINANCE GENERAL	DBB	NAVIGATION CELESTIAL
BAM	COMPTROLLERSHIP	DEA	NAVIGATIONAL
BAN	COMPUTER SCIENCE		TERRESTRIAL
	MANAGEMENT	DED	TOPOGRAPHY INCLUDING
		<b>.</b>	PHOTOGRAMMETRY
		EAA	ARCHEOLOGY

EDX	ECONOMICS GENERAL	DAR	BIOMETRY
EEB	INSTRUCTIONAL	DBA	ASTRODYNAMICS
	TECHNOLOGY	DBC	ASTROPHYSICS
EEC	EDUCATION INDUSTRIAL	DBX	ASTRONOMY
EKD		DCA	BOTANY GENERAL
EPC		DCB	ENTOMOLOGY
EPF	PSYCHOMETRICS/	DCC	BACTERIOLOGY
	PSYCHOPHYSICS	DCD	
EPG	PSYCHOLOGY (ARTIFICIAL	DCE	
	INTELLIGENCE)	DCF	ZOOLOGY
FAA	CLINICAL OPTOMETRY	DCG	MED MICROBIOLOGY
	MANAGEMENT	DCK	RADIATION BIOLOGY
FAB	LABORATORY SCIENCE	DCL	RADIOLOGICAL HYGIENE
FAC	NUCLEAR PHARMACY	DCX	BIOLOGY
FBA	DIETETICS	DDA	
FBB	DIETITIAN	DDA	CHEMISTRY ANALYTICAL
PDD		סטט	
ED C	ADMINISTRATIVE	DD C	GENERAL
FBC		DDC	CHEMISTRY INORGANIC
FBD	DIETITIAN CLINICAL		GENERAL
FBX	NUTRITION	DDD	CHEMISTRY ORGANIC
FCA	OCCUPATIONAL		GENERAL
	THERAPY	DDE	CHEMISTRY PHYSICAL
FCB	OCCUPATIONAL		GENERAL
	THERAPY – KINESIOLOGY	DDF	CHEMISTRY NUCLEAR
FCX	OCCUPATIONAL	DDG	CHEMISTRY
	THERAPY (ARTS/CRAFTS)	220	CERAMICS/GLASS
FDA	ANATOMY	DDH	
FDB	PHYSICAL THERAPY	DDII	CHEMISTRY
FDC	PHYSICAL THERAPY	DDK	ELECTROCHEMISTRY
FDC		DDI	CHEMISTRY TEXTILE
EDD	ELECTOPHYSICS	DDL	
FDD	PHYSICAL THERAPY	DDM	
	NEUROLOGY	DDN	CHEMISTRY INDUSTRIAL
FDX	PHYSICAL THERAPY	DDO	
	CORRECTIVE EXERCISE	DDP	METALLURGY
FEA	PATHOLOGY SPEECH	DDX	CHEMISTRY GENERAL
FEX	AUDIOLOGY	DEX	GEODETIC SCIENCE
FJA	ENVIRONMENTAL	DFX	GEOGRAPHY
	HEALTH		GENERAL/ECONOMIC/
FKA	SANITARY SCIENCE		POLITICAL
FLA	PUBLIC HEALTH	DGA	GEOLOGY SURFICIAL
PEX	PRE-LAW	DGB	GEOLOGY
PXX	LAW GENERAL	DGD	STRATIGRAPHY
ΓΛΛ	LAW GENERAL	DGC	SEISMOLOGY
Acade	emic Discipline Mix 3 -	DGD	GEOLOGY TERRESTRIAL
Physic			MAG-ELECTRICITY
-		DGE	GEOLOGY ECONOMIC
Science	ce/Analytical	DGF	GEOLOGY GENERAL
		DGG	PALEONTOLOGY
CODE	ACADEMIC TITLE	DGH	MINERALOGY
			PETROLOGY
BAL	OPERATIONS RESEARCH	DGL	METEOROLOGY
	ANALYST (BUSINESS)		CLIMATOLOGY
CFB	PHYSICS, SPACE	DGN	NAUTICAL SCIENCES
CFD	SPACE SYSTEMS	DGP	OCEANOGRAPHY
-	OPERATIONS	וטע	HYDROLOGY
CUE	COMPUTER SCIENCE	DGX	GEOPHYSICS
CUP	COMPUTER BASED		
001	INSTRUCTION	DHA	STATISTICS
DAG	HISTOLOGY	DHB	MATHEMATICS
DAG	EMBRYOLOGY		CRYPTANALYSIS
	CAMIDA I CHAMII		

DHC	MATHEMATICS	CBX	AGRICULTURE
	BALLISTICS		ENGINEERING
DHX	MATHEMATICS GENERAL	CCD	URBAN PLANNING
DLA	PHYSICS BIOPHYSICS	CCF	ENGINEERING
	AND RADIOLOGY		STRUCTURAL
DLB	PHYSICS ELECTRICITY/	CCG	CIVIL ENGINEERING
	MAGNETISM/		(STRUCTURAL
	ELECTRONIC		DYNAMICS)
	HEALTH PHYSICS	CCH	ENGINEERING
DLD	PHYSICS NUCLEAR		(TRANSPORTATION)
DLE	PHYSICS OPTICS LIGHT	CCK	RADIOLOGICAL SAFETY
	(OPTICS)		AND DEFENSE
DLF	PHYSICS THERMAL	CCN	ENGINEERING SPACE
DLG	JET PROPULSION		FACILITIES
DLH	TECHNOLOGY NUCLEAR	CCO	ENVIRONMENTAL
	REACTOR		ENGINEERING
	APPLIED SCIENCE	CCP	ENVIRONMENTAL
	MEDICAL TECHNOLOGY		HEALTH ENGINEERING
	RADIOLOGICAL PHYSICS	CCQ	
DLN		CCR	
DLP			(SANITARY)
	PHYSICS GENERAL	CCX	
DLY		CDA	BIOMEDICAL
DIZ	PHYSICS	CDI	ENGINEERING
DLZ	PHYSICS	CDX	ENGINEERING CERAMIC
D1 10	ASTRODYNAMICS	CEX	
DMS	MATERIAL SCIENCE	CEY	COMPOSITE MATERIALS
DPS	POLYMER SCIENCE	CFA	AEROSPACE
DXX	PHYSICAL SCIENCES		ENGINEERING (SPACE
ECC	GENERAL	CEC	TRAVEL)
FGC	VIROLOGY	CFC	SPACE SYSTEMS
FHA FHX	SEROLOGY IMMUNOLOGY	CFX	ENGINEERING ENGINEERING
FIA		CrA	AERONAUTICAL
FIB		CFY	
FIC		CFZ	ASTRONAUTICAL
FKX	PHYSIOLOGY	CrL	ENGINEERING
GOB	PHYSICIAN'S ASSISTANT	CGA	PRODUCTION DESIGN
ООВ	TRAINING	CON	ENGINEERING
GPA	BASIC SCIENCE	CGK	GEOLOGICAL
GPB	PRE-DENTAL AND	COIL	ENGINEERING
OI D	PRE-VET	CGX	ENGINEERING
GPX	PRE-MED	0.011	ADMINISTRATION
KXX		CHA	ENGINEERING
LAX			ELECTRONICS
		СНВ	ENGINEERING RADIO
Acad	emic Discipline Mix 4 -	CHF	ELECTRONIC WARFARE
	<del>-</del>		SYSTEMS
<u>Engir</u>	<u>ieering</u>		TECHNOLOGY
CODE	A CADEMIC TITLE	СНЈ	JOINT COMMAND,
CODE	ACADEMIC TITLE		CONTROL &
C 4 4	A D CHUTE CTUD A I		COMMUNICATION
CAA	ARCHITECTURAL	CHX	ENGINEERING
CAB	ENGINEERING NAVAL ARCHITECTURE		ELECTRICAL
CAD	ENGINEERING	CKB	ENGINEERING ORDNANCE
CAC	ARCHITECTURE	CKC	ENGINEERING RAILWAY
CAC	LANDSCAPE	CKD	ENGINEERING
CAX	ARCHITECTURE GENERAL		REFRIGERATION
C1 171	THOMESON OF THE SERVICE	CKE	ENGINEERING AIR
			CONDITIONING

		CUC	OPERATIONS RESEARCH
CKF	ENGINEERING		ANALYST
	HYDRAULIC		(ENGINEERING)
CKH	ENGINEERING	CUD	COMPUTER ENGINEERING
	MECHANICS		(ARTIFICIAL
CKK	ENGINEERING HEATING		INTELLIGENCE)
CKL	ENGINEERING	CUG	SOFTWARE ENGINEERING
	AUTOMOTIVE	CUX	SYSTEMS ENGINEERING
CKM	ENGINEERING DIESEL	CWX	ENGINEERING TEXTILE
CKN	ENGINEERING EXPLOSIVE	CXX	ENGINEERING GENERAL
CKO	MISSILES AND	CYA	HUMAN FACTORS
	MUNITIONS		ENGINEERING
CKP	GUIDED MISSILES	CYX	ENGINEERING
CKQ	SANITARY ENGINEERING		INDUSTRIAL
CKX	MECHANICAL	CYY	ROBOTICS ENGINEERING
	ENGINEERING		
	E. (		
CLA	ENGINEERING NUCLEAR	Acada	emic Discipline Mix 5 -
	EFFECTS		<del>-</del>
CLB	ENGINEERING REACTOR	<u>Nursi</u>	<u>ng</u>
CLD	CIVIL ENGINEERING		
	(CONSTRUCTION)	CODE	ACADEMIC TITLE
CLE	MAINTAINABILITY		
	ENGINEERING	JXX	NURSING GENERAL
CLF	NUCLEAR ENGINEERING		
CME	MATERIAL ENGINEERING		
CMX	ENGINEERING MARINE		
CNX	ENGINEERING		
01.11	METALLURGICAL		
CPE	POLYMER ENGINEERING		
CPF	POWER ENGINEERING		
CPG	PLASTICS ENGINEERING		
CPX	ENGINEERING MINING		
CQX	ENGINEERING PIPELINE		
CRA	FUEL TECHNOLOGY		
CRM	ENERGY RESOURCE		
	MANAGEMENT		
CRX	ENGINEERING		
0141	PETROLEUM		
CSX	ENGINEERING PHYSICS		
CSY	VERTICAL LIFT		
CDI	TECHNOLOGY		
CTX	ENGINEERING SAFETY		
CUA	COMPUTER SCIENCE		
2011	(ENGINEERING)		
CUB	OPERATIONS RESEARCH		
СОВ	(STRATEGIC & TACTICAL		
	SCIENCE)		
	JOILINGL)		

PROGRAM	SCHOLARSHIP		
DEGREE TYPE	2-3 YEAR	4 YEAR	MASTERS
UCACC FORM 174-R	1	1	1
USACC FORM 103-R	1	1	1
ERB	1	1	1
USACC FORM 104-R (WORKING)	1	Χ	1
TRANSCRIPTS	1	1	1
USACC FORM 145-1-6 (PAGE 1)	1	Χ	Х
PMS LETTER	2	2	2
USACC FORM 104-R (FINAL)	2	Χ	2
USACC FORM 145-1-6 (PAGES 1-3)	2	Χ	Х
DODMERB EXAM	2	2	2

1	DOCUMENT REQUIRED FOR PHASE 1
2	DOCUMENT REQUIRED FOR PHASE 2
Χ	DOCUMENT NOT REQUIRED

#### **NOTES:**

- 1. Although DODMERB is not required until Phase 2 applicants should submit as soon as possible
- 2. CCF 104-R (WORKING) is just a best estimate by the Soldier and the ROTC program. No signatures are required. If selected to advance to Phase 2; CCF 104-R (FINAL) must be approved by the academic institution.
- 3. Only page 1 of CCF 145-1-6 is required for the Selection Board. If selected to advance to phase 2; page 1 must be updated (if required) and pages 2-3 must be completed and signed by the School of Choice.
- 4. Applicants applying for the Master's Program who have not yet earned his/her degree may submit current transcripts for Board consideration; however, if selected to advance to Phase 2, he/she must submit a transcript with bachelor's Degree conferred

#### 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 Title 10, US Code 2102 and 2107 and E.O. 9397 (SSN). **AUTHORITY** Form is used to apply for the Green to Gold Program. PRINCIPAL PURPOSE Form is used to obtain selection and eligibility information on applicants for the Green to Gold Program. **ROUTINE USES** Information provided on this form is mandatory. Without the data provided on this form, the applicant cannot be considered for DISCLOSURE participation in the Green to Gold Program. 1. Were you ever disenrolled from an Officer Training Program? (Yes No 3. Degree Type Scholarship Category 2. Please select one option: Active Duty Option Scholarship Hip Pocket **PART I - PERSONAL INFORMATION** 9. Date of Birth 8. SSN 4. Rank 5. Last Name 6. First Name 7. M.I. Email Address (military) Home Telephone Cell Number 10. Contact Information: Apt. 11. Current Home Address: Street Address Country City State Zip Code 12. Marital Status Spouse Military What is your Gender? (Female Male Civil Convictions (List all offenses Do you consider yourself to be C Yes No even if expunged) C Yes C No Hispanic or Latino? Number of Children What is your race? Please check one or more. American Indian or Alaska Native Asian Citizenship Black or African American Native Hawaiian or Other Pacific Islander White PART II - MILITARY INFORMATION 15. Unit of Assignment **Unit Name** Street Address Unit Phone Number Zip Code City State Basic Active Enlisted Favorable NACLC MOS GT Score **Expiration Date** Service Date 16. Latest APFT (Date) Enter score for each event: APFT Sum 0 APFT Pass? Push Ups 0 Sit Ups 0 2-Mile Run 0 PART III - SCHOOL OF INTENT Host FICE **Host University** 17. HOST SCHOOL Resident Status Academic FICE \_\_ 18. ACADEMIC SCHOOL Academic University **PART IV - ACADEMIC INFORMATION**

USACC FORM 174-R, 30 JUNE 2014

Academic Major

ADM Code

Composite Score

ACT

SAT

**CGPA** 

SAT

Equivilent

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
Box 1 and Bo	ox 2 to be completed b	y the applican	t's Company Comma	nder.	
1. Statement as t	o the applicant's military apt	itude and motivati	on on Active Duty:		
2. Statement as t	to the applicant's performanc	ce on Active Duty	and potential to be eligible a	and qualified to receive a regu	alar Army commission, if offered:
Company Col	nmander's Recommend	Nation [	HIGHLY RECOMMEND	D ∏RECOMMEND ∏I	DO NOT RECOMMEND
				ons, barred from re-enlis	
Grade				Telephone Number	
By signing	this form, I certify that a	all the informat	ion is true and correct.		
Signature of	Commanding Officer:			Date	
Box 3 Battalio	on Commander's Evalua	ation:			
	oplicant's performance on Ac		ential for receiving an regula	ar Army Commission.	
Battalion Con	nmander's Recommend	ation	HIGHLY RECOMMEN	RECOMMEND	DO NOT RECOMMEND
Grade	Name of Battalion C			Telephone Number	Email Address
Signature of	Battalion Commander	T:			Date

			GOLD PROGRAM APPLICATION 3 145-1, the proponent agency is ATCC-ROI.
		PART VI - APP	LICANT STATEMENT
Rank	Last Name	First Name	SSN
4. State briefly wh	ny you want to become a	an Army Officer. If additional space is	s required, attach another sheet.
			<u> </u>
			10
			TION APPLICANTS ONLY
			l each statement may result in your application not being reviewed.
minimu	ım ADSO as a commi	issioned officer is three years.	(O) for participation in the program is four years. Further, I understand the
bonus, percen	and if selected for the	e Green to Gold ADO program, I	or Selective Service Reenlistment Bonus, I must report the end date of the may be required to refund the percentage of the bonus equal to the specified MOS. My eligibility for bonus pay ceases on the date I depart my
	*	tes listed in the program guidelin	nės,
		ed Record Brief (ERB), and it is	
univers	sity that I will be attend	ding.	ram, I must obtain an unconditional letter of acceptance from the college/
unders	stand that the cost to c	complete any prerequisite course	
Montgo	omery GI Bill/Army Co ance while participatin	ollege Fund and/or Pell Grant inc g in the Green to Gold ADO Pro	
applied	d for reclassification or	r reenlistment training.	ng as a result of reclassification or reenlistment training contract. I have not
			ents identifying all post high school courses of instruction.
duty ba	ased on the needs of t	the Army.	the Education Delay Program. I will be commissioned and accessed active
			ols once I begin the ADO Program.
and La	inguage Proficiency P	rogram.	foreign study (study abroad) to include the USACC Cultural Understanding
			nt, or flagged IAW AR 600-8-2 nor have I been within the last three years.
frame t	that I am applying for fort Knox and inform t	the Green to Gold ADO Program	CONUS OR OCONUS. If I receive assignment instructions during the time in, I understand that I must contact my respective MOS branch manager at dication. I must also provide verification to the USACC Green to Gold r.
By signing th	is form, I certify that	t all of the information is true a	and correct.
Signature of (	Green to Gold Appli	icant:	Date

USACC FORM 174-R, 30 JUNE 2014

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

ITEM	REMARKS
Were You Ever Disenrolled	Enter "Yes" or "No". Submit the DA 785 with
From the ROTC Program	the application (if applicable).
2. Select Option	Self-explanatory
3. Degree Type	Select from drop-down menu
Scholarship Category	Can only apply for one option.
4. Rank	Enter current rank.
5. Last Name	
6. First Name	Self-explanatory.
7. Middle Initial	Self-explanatory.
	Self-explanatory.
8. Social Security Number	Self-explanatory.
9. Date of Birth	Select from drop down menu.
10. Contact Information:	Include and and another additional
Home Telephone Cell Number	Include area code and country code, if overseas.
Email Address (military)	Provide Enterprise Email address.
11. Current Home Address:	Address where Soldier is physically living. Do
Street Address	not indicate HOR address unless currently living
Apt.	at that address.
City	at that address.
State	
Zip Code	
Country	
12. Marital Status	Select from the drop-down menu.
Spouse Military	Server from the trop to the month
Number of Children	
Citizenship	
13. Civil Convictions	Enter either "Yes" or "No" Indicate "Yes" if
	Soldier has been arrested, indicted, or convicted
	of violating <b>any</b> civil or military law or had <b>any</b>
	adverse juvenile adjudication or other adverse
	disposition imposed except minor traffic
	violations for which a fine of \$250.00 or less
	was imposed. List <b>ALL</b> convictions, <b>even</b> if
	expunged.
14. What is your Gender?	Self-explanatory.
Hispanic or Latino?	Self-explanatory.
Race	Enter Racial/Ethnic Descent
15. Unit of Assignment:	Complete Unit Address
Unit Name	i.e. HHC 1BN 4BDE 3ID
Street Address	1234 THIRD ST
CITY	i.e. FT KNOX
STATE	Enter the two character abbreviation (ex., VA,
ZIP	AL, etc.)
Unit Phone Number	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	Self-explanatory (If GT score is less than 110,
Area Score (GT)	Soldiers are not eligible to complete application)
Favorable NACLC	Select from drop-down menu.
16. Latest APFT (Date)	Select date from drop-down menu.
Push-Ups	Enter the exact score for each event. Do not
Sit-Ups	enter number of repetitions. Soldiers on
2-Mile Run	Permanent or Temporary Profiles are not
2 Wife Ruii	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	Select from Drop-down menu.
ADM Code	Will auto-populate
CGPA	Enter CGPA established by the school attending.
Composite SAT/ACT	Only required for 4-yr applicants.
SAT Equivalent	Will auto-populate if required.
Box 1 Statement of Military	Must be completed by the current Company
Aptitude and Motivation	Commander
Aputtude and Motivation	Commander
	Attach a separate sheet of paper if more space is
	needed and include applicant's full name, SSN
	1.1.
	and the item # you are completing (ex., Smith,
Box 2. Statement of Performance	John P., 123-45-6789, Item #1 continued).
and Potential	Must be completed by the current Company Commander.
and Potential	Commander.
Company Commander's	Select appropriate recommendation.
Recommendation	Select appropriate recommendation.
Is Soldier IAW AR 600-8-2	Select "Yes" or "No".
Grade	Enter 3-character rank.
Name of Company Commander	Enter full name.
Telephone Number	Enter area code and country code, if overseas.
Email Address	Enter Enterprise Email Address
Signature of Commanding Officer	1
Signature of Commanding Officer	Sign Document. Ensure all items are complete before digitally signing. Cannot delete digital
Data	signature once signed.
Date  Pay 2 Pattalian Commandar's	Select date from drop-down menu.
Box 3. Battalion Commander's	Select appropriate recommendation
Recommendation	Enter 2 above eter reals
Grade Name of Battalian Commander	Enter 3-character rank.
Name of Battalion Commander	Enter full name.
Telephone Number	Enter area code and country code, if overseas.
Email Address	Enter Enterprise Email Address
Signature of Battalion Officer	Sign Document. Ensure all items are complete
	before digitally signing. Cannot delete digital
D.	signature once signed.
Date	Select date from drop-down menu.

Box 4. Applicant's Personal	Requires a written or typed statement why
Statement - Must be completed	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	Read and Initial statements 1-14.
APPLICANTS ONLY	
Signature of Green to Gold	Sign Document. Ensure all items are complete
Applicant	before digitally signing. Cannot delete digital
	signature once signed.
Date	Select from drop-down menu.

USACC Form 104-R, SEP 13

Page 1 of 3

Page 2												USACC Form 104-R, SEP 13	SACC For	چ
	13. DATE: (MM/DD/YYYY)	13. DATE:			AL):	OFFICI	NSTITUTION CERTIFYING	R OTHER I	TALS (O	REDEN	ER OF C	SIGNATURE OF REGISTRAR AND EXAMINER OF CREDENTIALS (OR OTHER INSTITUTION CERTIFYING OFFICIAL):	SIGNATURE	12.
	DATE: (MM/DD/YYYY)	11. DATE:										10. SIGNATURE OF STUDENT:	SIGNATURE	10.
			degree, during (Month, Year):	ng (Mon	ree, duri	deg						d result in	Completion should result in	Cor
	list exceptions on reverside of this form).	xceptions on r	no, list e	No (if no,	$\Box$	31	e degree:	pletion of the	the com	mum) fo	(as mini	9. REVIEW: All of the above courses are required (as minimum) for the completion of the degree:	REVIEW: All o	9.
	Total Term Hours:			$\vdash$	H	H	Total Term Hours:				Н	Total Term Hours:		
				+	+	++					+			
				+	+	++				H				
Hrs. Cts. Gra.	Course little	No.		Gra.	rs.	Hrs.	Course little	No.		e d	Hrs. Cts.	Course little	NO.	
Year:		Term:	ш		Year:			Term:	_	١٠٠١	Year:		Term:	
	,o						,,					Э		
	Total Term Hours:			H	H	H	Total Term Hours:			H	Н	Total Term Hours:		
				7.	+	$+\!\!+$				$\dagger \dagger$	+			
				$\dag \dag$	${\dagger}$	H				$\dagger \dagger$	H			
				$\dag \dag$	H	H				$\dagger \dagger$	H			
				+	+	+				$\dagger$	+			
Hrs. Cts. Grd.	Course Title	No.		Grd.	rear: Cts.	Hrs.	Course Title	No.		Grd.	Hrs. Cts.	Course Title	No.	
¥.	-	Town	_		5		*	Tomas	_		5	Ļ	Town	
	Total Term Hours:			-	F	Ë	Total Term Hours:		_	$\vdash$	$\vdash$	Total Term Hours:	2	
				) 	+	$\parallel$			8		$\parallel$			
				H	H	$\dashv$				-	$\parallel$			
				H	H	H				H	H			
				+	+	+				$\dagger \dagger$	+			
Hrs. Cts. Grd.	Course Title	No.		Grd.	$\overline{}$	Hrs.	Course Title	No.		Grd.	Hrs. Cts.	Course Title	No.	
Year:	7	Term:	_	5	Year:			Term:	_	5	Year:	æ	Term:	-
ES. (CONTINUED)	TERM, TEAR, COURSE NUMBER, COURSE TITLE, COURSE CREDIT HOURS, CREDITS THAT COUNT TOWARDS ACADEMIC DEGREE, AND ACHIEVED GRADES. (CONTINUED)	DEMIC DEG	SACA	WARL	ON I	1 00	HOURS, CREDITS IH	SE CREDIT	COURS		UKUE	AK, COURSE NUMBER, C	IEKW, YE	Ţ.
		ICC-PA-C	ncy is A	ent age	propone	4, the	For use of this form, see USACC Pam 145-4, the proponent agency is A I CC-PA-C	of this form	or use		,			T
			EET	) RKS F	/M WC	OGRA	PLANNED ACADEMIC PROGRAM WORKSHEET	PLAN	<u>'</u>			4		

Page 3 of 3		USACC Form 104-R, SEP 13
URE)	(PROFESSOR OF MILITARY SCIENCE SIGNATURE)	(Date) (MM/DD/YYYY)
	(CADET SIGNATURE)	(Date) (MM/DD/YYYY)
	participant, the scholarship will be in force for the number of semesters indicated in Block 5.	participant, the scholarship will be in
degree. If the Cadet is an ROTC Scholarship	discipline requirements or to fulfill credit hour requirements, or both, for the attainment of the degree.	alscipline requirements or to fulfill cre
wn on the worksheet are necessary either to fulfill	undergraduate college program of at least four years; and that the remaining credit hours shown on the worksheet are necessary either to fulfill	undergraduate college program of at
at the degree to be attained is the culmination of an	a degree; that th	designed to meet the requirments of a
(Name of University or College)	— Is about to under take a formally substance progra	(FULL NAME, Last, First, MI)
	is about to under take a formally structured program	Cadet
everse side of this statement) that	We, the undersigned, hereby declare that the program outlined on the worksheet (on the reverse side of this statement) that	We, the undersigned, hereby decl
DING	STATEMENT OF UNDERSTANDIN	
ency is ATCC-PA-C	For use of this form, see USACC Pam 145-4, the proponent agency is ATCC-PA-C	
SHEET	PLANNED ACADEMIC PROGRAM WORKSHEET	

#### INSTRUCTIONS FOR CALCULATING ITEM 5 - CC FORM 104-R

Credit Hours	
a. Total required hours for degree (Does not include ROTC)	120
(1) ROTC Hours that do not count (Include any ROTC hours that do not count towards the degree to ensure academic and military alignment is maintained)	20
(2) Total Hours Required for NAPS (120 + 20)	140
Normal Academic Progression (The form auto-calculates how many hours per semester/quarter would be required to obtain degree in 8 quarters/12 Semesters. Do not modify)	17.50
b. Credits towards degree completed to date (These are credits (if any) that have been earned at the College/University the applicant plans to attend while enrolled in the program.)	35
c. Transfer Credits Accepted (These are credits earned at institutions other than the College/University the applicant plans to attend while enrolled in the program that are accepted by the university of choice)	30
d. Remaining for Degree  ([Total Hours Req for NAPS] - [Transfer credit accepted +  Credits towards degree comp to date])  Example: (140 - (35 + 30) = 75)	75
e. Number of authorized semesters (Remaining for Degree/Normal Academic Progression) Example: 75/17.50 = 4.28 (round down to 4) (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)	4

## U.S. ARMY ROTC GREEN TO GOLD CREDIT TRANSFER EVALUATION For use of this form, see USACC Reg 145-6, the proponent agency is ATCC-OIS DATA REQUIRED BY THE PRIVACY ACT OF 1974 Authority 10 USC 2102 and 2107. Form is used to make transfer credits for the Green to Gold (G2G)program. Principle Purpose Form is used to obtain selection and eligibility information on applicants for the Routine Use the Green to Gold Program Information provided on this form is mandatory, without the data provided on this Disclosure form, the application cannot be considered for participation in the program 1. Academic School: 2. Applicant Last Name, First Name: 3. Summary of College Credits Complete to Date: **HOURS INSTITUTION NAME HOURS INSTITUTION NAME** 4. Credits (if any) applicant plans to take or is currently taking between current date and entry into the G2G Program: **INSTITUTION NAME TERM HOURS** 5. Planned Academic Status upon Entry into the G2G Program (Sophmore, Junior, or Graduate) 6. SIGNATURE OF STUDENT: 7. DATE: (MM/DD/YYYY)

**USACC FORM 145-1-6, JULY 2018** 

18. Credits Transferred				
INSTITUTION NAME	COURSE NAME	COURSE#	GRADE	HOURS
				$\vdash$
				$\vdash$
				$\vdash$

19. Continuation Sheet				
INSTITUTION NAME	COURSE NAME	COURSE#	GRADE	HOURS
			$\vdash$	
			$\vdash$	
	0.11	1 .		20000
20. SIGNATURE OF SCHOOL OFFI	CIAL:	21.	DATE: (MM/DE	)/YYYY)

#### **INSTRUCTIONS FOR COMPLETING CC FORM 145-1-6**

- 1. School applicant plans to attend while enrolled in the Program (School of choice)
- 2. Self-Explanatory
- 3. College credit completed on the date the form is prepared. List Institution name and credits earned. JST credit (Intuition Name=JST) should also be listed here.
- 4. College credit applicant plans to take from time of submission of CC FORM 145-1-6 to enrollment into the program. List Institution, Term (Summer 20..ect...), and hours
- 5. ADO will be either Junior or Graduate.
- 6. Self-Explanatory

#### THE ABOVE IS ALL THAT IS REQUIRED FOR THE SELECTION BOARD

If selected to Phase 2 Page 1 must be updated to show block 4 as none and pages 2-3 must be completed and signed by the school of choice before a Fully Qualified letter will be issued.

#### **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
Principal Purpose
Routine Use(s)
Disclosure

10 USC 2102 and 2107

To physically identify each applicant.

To be used by the HQ ROTC Cadet Command Selection Board in consideration of the applicant. Use of this form is mandatory. Applicant may not be considered if picture is not submitted. SIGNATURE OF APPLICANT PRINTED NAME

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

CC FORM 103-R, AUG 2005

PREVIOUS EDITIONS ARE OBSOLETE

#### **INSTRUCTIONS FOR COMPLETING CC FORM 103**

- 1. Obtain a DA Photo
- 2. If deployed and unable to take a DA Photo take a photo in duty uniform. Photo should be from the waist up, against a solid background, with no weapon or headgear.
- 3. Affix photo to CC FORM 103-R, scan, and upload to application

### 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 (0704-03966). 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.

							PRI	/ACY	ACT	STATE	MEN	T							T		DODMERB	ISE (	NI Y		
AUTHORITY: Title 10, USC 133, 3012, 5031, 8013, and Ex																				DODMEND !	JUL (	C142-1			
Αl	UTHOI	RIT	Y: Tit	le 10	, USC	2 133, 30	)12, 5	031, 8	8013,	and Ex	ecutiv	ve O	rder 93	97.											
ар	plication	on p	госея	s to	a Uni	o determ ited State Uniform	es Sei	rvice /	Acade	my, Re	serve	o Offi	icer Tra	ining (	Corp	s (RO									
						rmation i	-			•	U.S.	Gov	ernmer	ıt agen	icy re	equirir	ng the								
pri	SCLO ocess sitive i	and	hamp	er y	our c	however andidacy ords.	, failu . Use	re to f	urnisl e Soc	n the rec	quest urity /	ted in Acco	nformati unt Nui	ion will nber (S	imp SSN	ede th ) is us	ne sele ed for	ection							
							<del></del>				AP	PLIC	CANTE	ATA											
1. DATE OF EXAMINATION (YYYYMMDD)  2. NAME (Last, First, Middle Ini									itial)							3. S	OCI	AL SECURITY AC	COUN	TNUMBER					
4. DATE OF BIRTH (YYYYMMDD) 5. AGE							6. Si	EX		7. R	ACE (	Ethnic (	3roup/lv	ledically Si	ignifica	nt)									
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											[	LIAN													
												RES GUA	ERVE/ RD												
b. ROTC DETACHMENT CODE (If applicable): ADEP																									
11. HEIGHT (to nearest 1/4 inch) 12. WEIGHT (to 13. PULSE 1											JREME														
11. HEI STAND		neal	est 1/4 SITTI				er i (to st pound		3. PUL:	SE .		YSTO	PRESSI LIC D	JRE IASTOLI		4.a. KE HEF	RE: SYSTO	LIC /	40/90. REPEAT PULSE IF >99. RECORD RESULTS DIASTOLIC PULSE						
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17. DIS	TANT V	ISIO	N			l		ANIFES ual acu		RACTION	(Requ	ired, r	egardless	of corre	cted/u	ncorrec	ted	19. NEA	R VISIO	ON					
RIGHT	20/		С	ORR 1	rO 20/		SPH			CYL			AXIS						COR	R TO 20/	BY				
LEFT 2	O/ CORR TO			O 20/		SPH CYL		SPH				AXIS		20/			20/			COR	R TO 20/	BY			
20. HET	iETEROPHORIA/TROPIA 21.			21. C	OVER TES	ST 22. COLOR			22. COLOR VISION			MTF and MEPS only: 23. DE			d MEPS only: 23. DEPT					TION	•				
	r only)					PASS		PIP (1	4 plate	test only)				m FALA				TEST US	ED				SCORE		
so <sup>△</sup>	EXO△	RH	^  u	<b>⊣</b> ≏		(Non-Tro	oia)	No. Pa	assed				1	s 11 or I nent on				-	A-ND/	OVT	AFVT				
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BLOOD				NEG		т		1+		2+		3+		4+		POS	ITIVE (	ist results,	)						
28. OTH	IER TES	STS	Specity	type a	ind res	ults)																			

		CLINICALE	VALUA	ION	
NORMAL	(X each item in the appropriate column.) All evaluations must be addressed, or examination is considered INCOMPLI	rthe ABNOR-	NORMAL	(X each item in the appropriate column.) All evaluations must be addressed, or the examination is considered <u>INCOMPLETE</u> .	ABNOR- MAL
	29. HEAD, FACE, NECK AND SCALP			44. ENDOCRINE SYSTEM	
	30. NOSE			45. SPINE, OTHER MUSCULOSKELETAL	
	31. SINUSES			46. UPPER EXTREMITIES (Strength, sensation, range of motion)	
,	32. MOUTH AND THROAT (Braces/retainers - permaner	nt/removable)		47. LOWER EXTREMITIES (Except feet) (Strength, sensation,	
	33. EARS - GENERAL(Internal and external canals) (Auditory acuity under item 15)			range of motion)  48. FEET (If Pes Planus or Pes Cavus, mild/moderate/severe,	
	34. DRUMS (Perforation and scarring)			symptomatic/asymptomatic)	
	35. VALSALVA  36. EYES - GENERAL APPEARANCE (Visual acuity)	√ and		49. IDENTIFYING BODY MARKS, SCARS (length, surgical/ nonsurgical), TATTOOS (description and location), PIERCINGS	
	refraction under items 17, 18, and 19)			50. SKIN, LYMPHATICS (acne, rashes)	
	37. PUPILS (Equality and reaction)			51. MALE GU SYSTEM - EXTERNAL VISUAL ONLY - MANDATORY	
	38. OCULAR MOTILITY (Associated parallel movem nystagmus)	ents,		52. ANUS AND RECTUM - EXTERNAL VISUAL ONLY -	
	39. OPHTHALMOSCOPIC(Required by medical example)	miner)		MANDATORY ON ALL APPLICANTS (Hemorrhoids, fistulae)	
,	40. LUNGS AND CHEST (Include breasts)			53. FEMALE GU SYSTEM - EXTERNAL VISUAL ONLY -	
	41. HEART (Thrust, size, rhythm, and sounds)			MANDATORY	
	42. VASCULAR SYSTEM (Varicosities, etc.)			54. NEUROLOGIC	
	43. ABDOMEN AND VISCERA (Include hemia)			55. PSYCHIATRIC (Specify any personality deviation)	<u> </u>
56. EXA	MINER: REPEAT BP AND PULSE IF RESULTS OF I	IEM 14 AND 148 AKE	>140/90	AND >99, RESPECTIVELY.	
Ble	ocks 29-55 (Clinical Evaluation) ock 58 and 59 OR Block 59 (If the list be countersigned by a MD or		orme	d by a PA, PNCP, or FNP, it	
	MINER (If performed by PA, PCNP, OR FNP m	ust be countersign	ed by a	**************************************	
	SICIAN (MD/DO)		1		D.I.
IYPED O	R PRINTED NAME DE	GREE	SIGNA	TURE DATE (YYYYMMD.	U)

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

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

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

3. TELEPHONE NO. (Include area code)

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.

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## PRIVACY ACT STATEMENT

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

1. NAME (Last, First, Middle Initial)

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.

2. SOCIAL SECURITY NUMBER

4. F	URPO	OSE OF EXAMINATION		5. EXAMINATION FACILITY OR EXAMINER AND ADDRESS (Include ZIP Code) 6. DATE OF EXAMIN (YYYYMMDD)							N								
expl	ained		on the								VERED, OR PROCESSING I th item to the best of your ability.								
		YOU EVER OR DO	YES	NO				YES	NO	Т	DO YOU	9a. I	l vou v	vear con	tact le	nses, how	many	avs have they	********
	OU N	OW USE ANY OF THE FOLLOWING:	···	-,-	Marijuan	2	dalle formation			$\top$	8. Wear glasses					enses, how many days have they to this examination?			
		Amphetamines		<del>                                     </del>	Alcohol (	Amour	rt,			1	9. Wear contact lenses or		Less	than 3	T	3 - 20		21 or over	
		Barbiturates	-		frequency if any)	r, treati	nent,	corneal eye retainers (If Yes, complete 9a.)			Туре	lens:		Hard		Soft	_		
		Cocaine		<u> </u>	Chemica	l inhal	ants			1.	D. HAVE YOU EVER HAD YOUR VIS	ION IM	PROV	ED BY N	IETHO	DS OTHER	THAN	STATED IN	_
		Narcotic Drugs			Hallucino	gens		1			QUESTIONS 8 OR 9?								
YES	NO	HAVE YOU EVER HAD OR	DO Y	OU NO	W HAVE:	YE\$	NO					YES	NO						
		11. Eye trouble (exclude gl	asses,	contac	t lenses)			40. G	allbia	add	er trouble or galistones			66. Sle	epwalk	ing episo	ies afte	er age 12	****
		12. Have fluctuating vision	or do	uble v	ision			41. H	epatit	tis	(yellow jaundice)			67. Eas	ily fati	gued			
***********		13. Have any allergies						42. H	emorr	nho	oids or rectal disease		*****	68. Mo	tion sid	kness (ca	r, train,	sea, or air)	_
		14, Take any medications	regula	ırly				43. B	lack o	or k	ploody stools			69. X-r	ay or o	ther radiat	lon the	rapy	
		15. Stutter or stammer	-					44. F	reque	ent	or painful urination			70. Ser	sitivity	to chemi	cals, du	ıst, sunlight, et	Ċ,
		16. Frequent, severe, or m	igrain	e head	aches			45. B	ed we	ettl	ng after age 12			71. Learning disabilities or speech problems					
		17. Fainting or dizzy spell:	<b>S</b>					46. Blood, protein, or sugar in urine		YES	NO	HAVE	YOU	EVER					
		18. Periods of unconsciou	sness					47. History of diabetes				72. Been refused employment or been unable			to				
		19. Head injury or skull fra	cture					48. Kidney stone				hold a job or stay in school because of:							
		20. Epilepsy, seizures or o	onvul	sions				49. H	emla	or	rupture			a. Inability to perform certain movements			?		
		21. Loss of memory (amne	sia)					50. A	ny bo	one	or joint problem, injuries, surgery			b. Inability to assume certain positions			in positions?	********	
		22. Depression, anxiety, e.	xcessi	ve wor	ту, or	ĺ	ĺ	0	r medi	dica	il treatment			С,	Other r	nedical rea	asons?	***************************************	
		nervousness						51. S	teel pi	oins	s, plates, or staples in any bones							rged from milit	
		23. Any mental condition of	or illne	ss	······································		<del>/</del>	62. W	lear a	a bo	one or joint brace or support				vice be sons?	ecause or p	inysica	l, mental or oth	er
		24. Frequent trouble sleep	Ing					63, B	ack p	ain	or trouble			74. Been denied or rated up for life insurance?			,		
		25, Hearing loss						64. P	aralys	sis	or weakness			75. Red	eived	or applied	for per	sion or	
		26. Ear, nose, or throat tro	uble					66. F	oot tro	oul	ble/use orthotics							disability?	
		27. Sinusitis or sinus trou	ble					56. R	heuma	nati	c fever			76. Had	f or be	en advised	l to hav	e, any surgical	
		28. Hay fever or allergic rh	initis					67. T	ubercı	oulc	osis or positive TB test				ration			.,,	
	.,	29. Tooth/gum trouble, or	currer	t ortho	donties			68. S	exuali	liy t	transmitted disease (syphilis,							by clinics,	
		30. Thyroid trouble						gı	onorth	hea	, herpes)							ers, or other minor illnesses	<b>5</b> 7
		31. Chronic cough or lung	disea	se				59. S	kin co	ond	fitions such as acne, psoriasis,			78. Had	d any ir	niury or ille	ess ot	her than those	
		32. Asthma or wheezing									oot rashes, eczema, or dry skin			aire	ady no	ted?			
		33. Unusual shortness of i	breath					60. A	dverse	se n	eaction to vaccines, drugs,	YES	NO	FEMA	LES C	NLY (Co	nplete i	tems 79 - 82)	
		34. Pain or pressure in che	est								s, foods, insect bites or stings			79. Bee	n treat	ed for a fe	male d	isorder, painful	
		35. Palpitation or pounding	g hear	t				61. E	ating o	dis	order					r cramps			
		36. Heart trouble or heart i	murmi	ır				62. R	ecent	t ga	in or loss of weight			80. Had	i a cha	nge in mei	nstrual	pattern	_
		37. High blood pressure						63. E	xcessi	sive	bleeding or easy bruising	***************************************		81. Are	you n	ow pregna	nt?		
		38. Coughed up or vomite	d bloo	d				64. To	umor,	, gr	owth, cyst, or cancer			82. Dat	e of las	st menstru	al perio	d (YYYYMMDD	)

39. Stomach, liver, or intestinal trouble

65. Considered or attempted suicide

83. REMARKS. Applicant use only. Every "yes" resp details including names of physicians and hospitals separate sheet and attach to this form.				
			······································	_
84. CERTIFICATION. I certify that I have reviewed the the knowledge. I authorize any of the physicians, hospit medical record for purposes of processing my application.	als, or clinics mention	ned above to furnish the Governm	and complete to the lent a complete trans	best of my cript of my
knowledge. I authorize any of the physicians, hospit	als, or clinics mentic ation for this employ	ned above to furnish the Governm	ent a complete trans	DATE SIGNED
knowledge. I authorize any of the physicians, hospit medical record for purposes of processing my applic	als, or clinics mentic ation for this employ	ned above to furnish the Government or service.	ent a complete trans	cript of my
knowledge. I authorize any of the physicians, hospit medical record for purposes of processing my applic	als, or clinics mentic ation for this employ	ned above to furnish the Government or service.	ent a complete trans	DATE SIGNED
knowledge. I authorize any of the physicians, hospit medical record for purposes of processing my applic TYPED OR PRINTED NAME OF EXAMINEE/APPLICA	als, or clinics mentic ation for this employ NT	oned above to furnish the Government or service.  SIGNATURE OF EXAMINEE/APF	ent a complete trans	DATE SIGNED (YYYYMMDD)
knowledge. I authorize any of the physicians, hospit medical record for purposes of processing my application. TYPED OR PRINTED NAME OF EXAMINEE/APPLICATION OF EXAMINER'S SUMMARY AND ELABORATION OF indicating the item number before each comment. Defindings here. If additional space is required, continuous medical processing the indication of the physicians, hospit medical processing my application.	rals, or clinics mentic ration for this employ NT  ALL PERTINENT Develop by interview are on a separate she	SIGNATURE OF EXAMINEE/APF  DATA. Examiner shall comment or any additional medical history deelect and attach to this form.	PLICANT  The all "Yes" and blank	DATE SIGNED (YYYYMMDD) answers,
knowledge. I authorize any of the physicians, hospit medical record for purposes of processing my application. TYPED OR PRINTED NAME OF EXAMINEE/APPLICATION OF indicating the item number before each comment.	rals, or clinics mentic ration for this employ NT  ALL PERTINENT Develop by interview are on a separate she	SIGNATURE OF EXAMINEE/APF  DATA. Examiner shall comment or any additional medical history deelect and attach to this form.	PLICANT  The all "Yes" and blank	DATE SIGNED (YYYYMMDD) answers,
knowledge. I authorize any of the physicians, hospit medical record for purposes of processing my application. TYPED OR PRINTED NAME OF EXAMINEE/APPLICATION OF EXAMINER'S SUMMARY AND ELABORATION OF indicating the item number before each comment. Defindings here. If additional space is required, continuous medical processing the indication of the physicians, hospit medical processing my application.	rals, or clinics mentic ration for this employ NT  ALL PERTINENT Develop by interview are on a separate she	SIGNATURE OF EXAMINEE/APF  DATA. Examiner shall comment or any additional medical history deelect and attach to this form.	PLICANT  The all "Yes" and blank	DATE SIGNED (YYYYMMDD) answers,
knowledge. I authorize any of the physicians, hospit medical record for purposes of processing my application. TYPED OR PRINTED NAME OF EXAMINEE/APPLICATION OF EXAMINER'S SUMMARY AND ELABORATION OF indicating the item number before each comment. Defindings here. If additional space is required, continuous medical processing the indication of the physicians, hospit medical processing my application.	rals, or clinics mentic ration for this employ NT  ALL PERTINENT Develop by interview are on a separate she	SIGNATURE OF EXAMINEE/APF  DATA. Examiner shall comment or any additional medical history deelect and attach to this form.	PLICANT  The all "Yes" and blank	DATE SIGNED (YYYYMMDD) answers,
knowledge. I authorize any of the physicians, hospit medical record for purposes of processing my application. TYPED OR PRINTED NAME OF EXAMINEE/APPLICATION OF EXAMINER'S SUMMARY AND ELABORATION OF indicating the item number before each comment. Defindings here. If additional space is required, continuous medical processing the indication of the physicians, hospit medical processing my application.	rals, or clinics mentic ration for this employ NT  ALL PERTINENT Develop by interview are on a separate she	SIGNATURE OF EXAMINEE/APF  DATA. Examiner shall comment or any additional medical history deelect and attach to this form.	PLICANT  The all "Yes" and blank	DATE SIGNED (YYYYMMDD) answers,
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knowledge. I authorize any of the physicians, hospit medical record for purposes of processing my application. TYPED OR PRINTED NAME OF EXAMINEE/APPLICATION OF EXAMINER'S SUMMARY AND ELABORATION OF indicating the item number before each comment. Defindings here. If additional space is required, continuous medical processing the indication of the physicians, hospit medical processing my application.	rals, or clinics mentication for this employ  NT  ALL PERTINENT Develop by interview use on a separate she	SIGNATURE OF EXAMINEE/APF  DATA. Examiner shall comment or any additional medical history deelect and attach to this form.	PLICANT  The all "Yes" and blank	DATE SIGNED (YYYYMMDD) answers,
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knowledge. I authorize any of the physicians, hospit medical record for purposes of processing my application. TYPED OR PRINTED NAME OF EXAMINEE/APPLICATION OF EXAMINER'S SUMMARY AND ELABORATION OF indicating the item number before each comment. Defindings here. If additional space is required, continuous medical processing the indication of the physicians, hospit medical processing my application.	rals, or clinics mentication for this employ  NT  ALL PERTINENT Develop by interview use on a separate she	SIGNATURE OF EXAMINEE/APF  DATA. Examiner shall comment or any additional medical history deelect and attach to this form.	PLICANT  The all "Yes" and blank	DATE SIGNED (YYYYMMDD) answers,
knowledge. I authorize any of the physicians, hospit medical record for purposes of processing my application. TYPED OR PRINTED NAME OF EXAMINEE/APPLICATION OF EXAMINER'S SUMMARY AND ELABORATION OF indicating the item number before each comment. Defindings here. If additional space is required, continuous medical processing the indication of the physicians, hospit medical processing my application.	rals, or clinics mentication for this employ  NT  ALL PERTINENT Develop by interview use on a separate she	SIGNATURE OF EXAMINEE/APF  DATA. Examiner shall comment or any additional medical history deelect and attach to this form.	PLICANT  The all "Yes" and blank	DATE SIGNED (YYYYMMDD) answers,
knowledge. I authorize any of the physicians, hospit medical record for purposes of processing my applic TYPED OR PRINTED NAME OF EXAMINEE/APPLICA  85. EXAMINER'S SUMMARY AND ELABORATION OF indicating the item number before each comment. Defindings here. If additional space is required, continuation of the physicians, hospit medical processing my applica.  Note to applicant - Ensure you significant in the physicians, hospit medical processing my applicant.	rals, or clinics mentication for this employ  NT  ALL PERTINENT Develop by interview use on a separate she	SIGNATURE OF EXAMINEE/APF  DATA. Examiner shall comment or any additional medical history deelect and attach to this form.	PLICANT  The all "Yes" and blank	DATE SIGNED (YYYYMMDD)  answers, ecord significant
knowledge. I authorize any of the physicians, hospit medical record for purposes of processing my application. TYPED OR PRINTED NAME OF EXAMINEE/APPLICATION OF EXAMINER'S SUMMARY AND ELABORATION OF indicating the item number before each comment. Defindings here. If additional space is required, continuous medical processing the indication of the physicians, hospit medical processing my application.	rals, or clinics mentication for this employ  NT  ALL PERTINENT Develop by interview use on a separate she	SIGNATURE OF EXAMINEE/APF  DATA. Examiner shall comment or any additional medical history deelet and attach to this form.  84	PLICANT  The all "Yes" and blank	DATE SIGNED (YYYYMMDD) answers,

## **Green to Gold Waiver Authority Matrix**

Waiver Authority **Supporting Documents** \*\*\* Court records indicating charges, plea, digital Signatures\*\* ROTC Brigade Commander and/orfindings Family Care Plan HQDA or HRC **IRANSCRIPT** Court Order USACC, CG Affidavit CC 104-R CC 174-R **WAIVER TYPE** DD 785 DA 4187 with Age Waivers ADO (30-32) Χ Χ Χ Χ Age Waivers ADO (33-39) Χ Χ Χ Χ Χ Χ Χ Χ Age Waivers ADO (40+) Χ Χ Χ Χ Civil Conviction - Minor Traffic -fine less than \$250 (6 or more within 12 months) Χ Χ Χ Χ Χ Χ Χ Χ Х fine more than \$250 Χ Χ Χ Χ Χ Χ Χ -fine of \$100 or more per offense, plus other adverse adjudication (6 or more within 12 months) or (10 or more Χ Χ Χ Χ Χ Х Χ Х in previous 3 years) Civil Conviction - Minor Non-Traffic Χ -fine less than \$250 Χ Х Х Χ Χ Χ -fine over \$250 Х Χ Χ Χ Χ Χ Χ Civil Conviction - Minor Traffic & Non-Traffic\* Any adverse disposition that included a sentence of Χ Χ Χ Χ Χ Χ Χ Χ jail/confinement/detention, even if suspended Minor Traffic and Non-Traffic Civil Convictions - any adverse disposition that included a sentence of Χ Χ jail/confinement/detention. Other misdemeanors. Χ Χ Χ Χ Χ Χ Misconduct (Convictions for felonies or offenses that involve moral turpitude Χ College Board Score (ACT/SAT) Χ Χ Χ Χ Cumulative Grade Point Average (CGPA) Χ Χ Х Х Х Χ Χ Χ Re-enrollment Χ Х Х Χ Χ Dependency Waivers (Electronic): More than 3 dependents Χ Χ Χ Χ Χ Χ Χ Χ Dual Military (with dependents)/Dual ROTC Χ Χ Χ Non-Custodial parent (child support only) Х Χ Χ Χ Sole parent/Joint Custody Χ Χ Χ Χ Χ Χ Χ Χ Exceptions to Policy Χ Χ Χ Χ Χ AFS 10 years or more Χ Training Service Obligation\* Χ Χ Χ Χ Χ Χ Time In Service (less the 2 years)\*

<sup>\*</sup> TIS/TSO and Civil Conviction (USACC CG Approval) <u>MUST</u> be submitted as soon as the applicant starts the application process. All other waivers should be submitted <u>AFTER</u> the Soldier is selected for the program

<sup>\*\*</sup> DA Form 4187s should be uploaded in <u>the online application</u> <u>AFTER</u> all <u>digital</u> signatures (up to BDE CDR) are received. Please do not email waivers requests and associated documents to the RMID staff.

<sup>\*\*\*</sup> Supporting Documents listed are for situational awareness only. These documents should be uploaded in the Green to Gold portal by the applicant. Do not send these documents with the 4187.

## **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 ser	vice obligation:		(AR 614-200, Table 4-1)
b. Discharge Date	Requested:		_(yy/mm)
Date Comp	pleted/Graduated AIT:		_(yy/mm)
# of month	s since AIT:		_
c. # of months sin	ce AIT:		
> # of months serv	vice obligation for AIT tra	aining, ther	refore AIT requirement met
<pre>&lt;# of months serv months</pre>	vice obligation for AIT tra	aining, ther	refore request waiver of
2. Most recent service ob Skill Identifier (A	ligation for additional spe SI or SQI):	cialized tra	ining:
a. # of months ser	vice obligation:		(AR 614-200, Table 4-1)
b. Discharge Date	Requested:		_(yy/mm)
Date Comp	pleted ASI/SQI course:		_(yy/mm)
# of month	as since ASI/SQI course:		_
c. # of months sin	ce ASI/SQI:		
> # of months TSO	O for ASI/SQI training, th	nerefore rec	quirement met
<pre>&lt;# of months TS0</pre>	O for ASI/SQI training, th	nerefore rec	quest TSO waiver of

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.

		For use of this form	. coo AP	PERSONNEL ACTION	ont agan	ov is OF	CSDED		
	For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER								
A 1 1T	TIODITY-	Title 5 Section 2012:		REQUIRED BY THE PRIVACY ACT OF 19	/4				
_	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).								
ROL	JTINE USES:	To initiate the process		ersonnel action being requested by the solo					
	CLOSURE:	personnel action.	rovide so	cial security number may result in a delay o	r error in	process	ing of the re	equest for	
	HRU (Include ZIP C		2. TO	(Include ZIP Code)	3. FRO	OM (Inc	clude ZIP Co	ode)	
~ .	, CADET COMMA			ny Human Resources Command	Your (	Commai	nd Info		
	TN: Green to Gold,			KNOX-HRC-EPF-A					
	1 <sup>st</sup> Cavalry Regime	ent Road		pearhead Division Avenue					
Ft.	Knox, KY 40121			x, KY 40122-5306					
			SE	CTION 1 - PERSONAL IDENTIFICATION					
	NAME (Last, First, M	11)		5. GRADE OR RANK/PMOS/AOC			6. SOCIAI	_SECURITY N	NUMBER
rou	ır info			Your info					
			SECTION	II - DUTY STATUS CHANGE (AR600-8-6	)				
7 T	ha ahaya saldiar's dut	y status is changed from	m					40	
7. 1	The above soluter's dut	y status is changed iroi	"					to	
				effective ho	urs,				
		SI	CTIONII	• REQUEST FOR PERSONNEL ACTION					
8. <b>I</b>	request the following a	action: (Check as appr		1-KEQOLOT FOR FEROMINEL ACTION					
	Service School (En/c			ecial Forces Training/Assignment		dentific	ation Card		
- 4	ROTC or Reserve Cor			-the-Job Training (En/ only)			ation Tags		
	Volunteering For Overs			testing in Army Personnel Tests			e Rations		
	Ranger Training			assignment Marri ed Army Couples				ance/Outsi de C	ONUS
	Reassignment Extren	ne Family Problems		classification			of Name/SS		01100
	Exchange Reassignm	•		icer Candidate School	XXX	Other (		714,000	
	Airborne Training	(=:, -:, /		gmt of Pers with Excepti onalFamily Members				Obligation W	aiver
9. S	IGNATURE OF SOLD	IER (When required)	- ,	, ,			YYYYMMDD		
								,	
		SECTIONIV • REMA	ARKS (A)	oplies to Sections II, III, and V) (Continue	on sepai	ate shee	et)		
have		0		O) waiver for participation in the Gredditional three months of active duty s					
2. S	Soldier's MOS traini	ng for (MOS) was _	month	ns in length, requiring two years plus a	n additi	onal	months	active service	e.
3. S	Soldier is requesting	a waiver of mor	nths of th	e TOTAL service obligation to particip	oate in t	he Gree	n to Gold I	Program.	
4. Tl	he following inform	ation is provided:							
	BASD: MM/DD/Y								
	ETS: MM/DD/YY		0 1/011 0#	nlanning to attend)					
	School Start Date:		e you are	e planning to attend)					
			isions of	AR 635-200 Chapter 16 Para 16-2	(b)(I_)(d	ONO G	T NECES	SARV FOR	ADO)
f.	e. Requesting a discharge under the provisions of AR 635-200, Chapter 16, Para 16-2(b)(I)(f) (NOT NECESSARY FOR ADO) f. Requested separation date: MM/DD/YYY (not more than 30 days prior to school start date) (Scholarship Applicants only) g. Soldier will have completed months of active service before requested school start date or separation date.								
		SE	CTION V	• CERTIFICATION APPROVAUDISAPPR	OVAL				
11.	I certify that the duty s			the request for personnelaction (Section		ained he	rein -		
	HAS BEEN VER <b>I</b> FIE						ROVED	IS DISAPP	ROVED
12.	COMMANDER/AUTHO	RIZED REPRESENTA	TIVE	13. SIGNATURE			14. DATE	(YYYYMME	DD)
	Soldier's Company CDR								

15. NAME OF INDIVIDUAL Applicant's Name	16. SSN Applicant's SSN					
	S FOR APPROVAL/DISAPPROVAL					
a TO COMMANDED	b. FROM					
COMMANDER AUTHORITY (Soldier's BN Info	COMMANDER					
AUTHORITY (Soldier's BN Info	(Soldier's Company Info)					
	_ `					
c. ACTION: APPROVED DISAPPROVED RECO	DMMEND: APPROVAL DISAPPROVAL					
d. NAME (Last, First, Middle)	e. RANK (f. DATE (YYYYMMDD)					
Soldier's BDE CDR	Soldier's BDE CDR RANK DATE					
g. TITLE/POSITION	h. SIGNATURE					
NAME Commander	Soldier's BDE CDR SIGNATURE					
i. COMMENTS	į.					
a. TO	b. FROM					
AUTHORITY						
c. ACTION: APPROVED DISAPPROVED RECO	DMMEND: APPROVAL DISAPPROVAL					
d. NAME (Last, First, Middle)	e. RANK (f. DATE (YYYYMMDD)					
g. TITLE/POSITION	h. SIGNATURE					
i. COMMENTS	<u> </u>					
a. TO AUTHORITY	b. FROM					
c. ACTION: APPROVED DISAPPROVED RECO	DMMEND: APPROVAL DISAPPROVAL					
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)					
a. White (Edds, Fras, Middle)	, 5,112(1771Mass)					
g. TITLE/POSITION	h. SIGNATURE					
I. COMMENTS						
la. TO	b. FROM					
AUTHORITY	B, FROM					
c. ACTION: APPROVED DISAPPROVED RECO	DMMEND: APPROVAL DISAPPROVAL					
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)					
g. TITLE/POSITION	h. SIGNATURE					
I. COMMENTS						
II. COMMENTO						
DA FORM 4187, MAY 2014	Page 2 of 2					

		PERSONNEL ACTION						
For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER								
DATA REQUIRED BY THE PRIVACY ACT OF 1974								
PRINCIPAL PURPOSE: Used by soldier in acc								
(Section III).  ROUTINE USES: To initiate the process	ing of a p	ersonnel action being requested by the sold	ier.					
DBCLOSURE: Voluntary. Failure to p		cial security number may result in a delay or		n process	sing of the request for			
personnel action.								
1. THRU (Include ZIP Code)		· ·			clude ZIP Code)			
HQ, CADET COMMAND ATTN: Green to Gold, Bldg. 1002		ny Human Resources Command KNOX-HRC-EPF-A	Y our (	Comma	nd Info			
204 Ist Cavalry Regiment Road		pearhead Division Avenue						
Ft. Knox, KY 40121		x, KY 40122-5306						
	SE	CTION 1 - 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 <i>(AR600-8-</i> 6)						
		(						
7. The above soldier's duty status is changed from	n				to			
		effective hou	ırs,					
	OTIONIII	L DECUECT FOR REPOSSINEL ACTION						
I request the following action: (Check as appr		• REQUEST FOR PERSONNEL ACTION						
Service School (En/only)		ecial Forces Traini ng/Assignment		<b>I</b> dentific	eation Card			
ROTC or Reserve Component Duty		-the-Job Training (En/ only)		_	eation Tags			
Volunteering For Oversea Service		testing in Army Personnel Tests			te Rations			
Ranger Training	Re	assignment Marri ed Army Couples			Excess/Advance/Outsi de CONUS			
Reassignment Extreme Family Problems	Re	classification		Change	e of Name/SSN/DOB			
Exchange Reassignment (En/only)	Off	icer Candidate School	XXX	Other (	(Specify)			
Airborne Training	Asg	mt of Pers with Excepti onalFamily Members		Time I	In Service Waiver			
9. SIGNATURE OF SOLDIER (When required)			10.	DATE (	YYYYMMDD)			
SECTIONIV • REMA	RKS (A)	oplies to Sections II, III, and V) (Continue o	n sepa	rate shee	et)			
I. Soldier requests a Time in Service (TIS)	for part	cination in the Green to Gold program	n An	nlicants	must have two years of			
active duty service at the time of separation								
1		1,	11 3					
2. The following information is provided:								
a. BASD: MM/DD/YYY								
b. ETS: MM/DD/YYY								
c. School Name: (Enter university/colleg	e you ar	e planning to attend)						
d. School Start Date: MM/DD/YYY	iai ama af	AD 625 200 Chapter 16 Dags 16 20	h)(I_)(	6 (NIC	OT NECESSARY FOR A DOL			
e. Requesting a discharge under the proving f. Requested separation date: MM/DD/Y								
g. Soldier will have completed month								
3. I have met all other eligibility requirement	ente II <b>D</b>	AR 145-1 for this program						
3. I have met an other engionity requireme	11115 01 1	it i is i for this program.						
		• CERTIFICATION APPROVAUDISAPPRO		atoin a -l I	oroin			
<ol> <li>I certify that the duty status change (Section HAS BEEN VERIFIED RECOMMEN</li> </ol>					PROVED IS DISAPPROVED			
12. COMMANDER/AUTHORIZED REPRESENTA		13. SIGNATURE			14. DATE (YYYYMMDD)			
Soldier's Company CD	R							

15. NAME OF INDIVIDUAL Applicant's Name	16. SSN Applicant's SSN					
	S FOR APPROVAL/DISAPPROVAL					
a TO COMMANDED	b. FROM					
COMMANDER AUTHORITY (Soldier's BN Info	COMMANDER					
AUTHORITY (Soldier's BN Info	(Soldier's Company Info)					
	_ `					
c. ACTION: APPROVED DISAPPROVED RECO	DMMEND: APPROVAL DISAPPROVAL					
d. NAME (Last, First, Middle)	e. RANK (f. DATE (YYYYMMDD)					
Soldier's BDE CDR	Soldier's BDE CDR RANK DATE					
g. TITLE/POSITION	h. SIGNATURE					
NAME Commander	Soldier's BDE CDR SIGNATURE					
i. COMMENTS	į.					
a. TO	b. FROM					
AUTHORITY						
c. ACTION: APPROVED DISAPPROVED RECO	DMMEND: APPROVAL DISAPPROVAL					
d. NAME (Last, First, Middle)	e. RANK (f. DATE (YYYYMMDD)					
g. TITLE/POSITION	h. SIGNATURE					
i. COMMENTS	<u> </u>					
a. TO AUTHORITY	b. FROM					
c. ACTION: APPROVED DISAPPROVED RECO	DMMEND: APPROVAL DISAPPROVAL					
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)					
a. White (Edds, Fras, Middle)	, 5,112(1771Mass)					
g. TITLE/POSITION	h. SIGNATURE					
I. COMMENTS						
la. TO	b. FROM					
AUTHORITY	B, FROM					
c. ACTION: APPROVED DISAPPROVED RECO	DMMEND: APPROVAL DISAPPROVAL					
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)					
g. TITLE/POSITION	h. SIGNATURE					
I. COMMENTS						
II. COMMENTO						
DA FORM 4187, MAY 2014	Page 2 of 2					

PERSONNEL ACTION								
For u	use of t	his form	see PAM 600-8; the proponent agency	is D	CS,	G-1.		
		DATA R	EQUIRED BY THE PRIVACY ACT OF 1	974				
AUTHORITY: Title 10, USC, Se								
PRINCIPAL PURPOSE: To request or rec	ord pe	rsonnel :	actions for or by Soldiers in accordance v	with I	DA F	PAM 60	0-8	
ROUTINE USES: The DoD Blanket apply to this systematical apply to the systematical applications and the systematical applications are systematical applications.		ne Uses	that appear at the beginning of the Army	's co	ompil	lation of	systems of records may	
	er failu		ovide Social Security Number may result	in a	dela	ıy or err	or in processing the	
1. THRU (Include ZIP Code)   2. TO (Include ZIP Code)   3. FROM (Include ZIP Code)								
COMMANDER		HQ, C	ADET COMMAND	Pre	ofes	sor of	Military Science	
(ROTC BDE Information)	j	ATTN	: RMID (Green to Gold)				formation)	
			Cavalry Regiment Road	`	Ü		, i	
			nox, KY 40121					
4. NAME (Last, First, MI)		SEC	TION I - PERSONAL IDENTIFICATION 5. GRADE OR RANK/PMOS/AOC				6. SOCIAL SECURITY NUMBER	
Applicant's Name			Applicant's Rank/MOS				Applicant's SSN	
Applicant s Name	SE		I - DUTY STATUS CHANGE (AR 600-1	8-6)			Applicant's 5519	
			TOUR TOUR TOUR (FIX OUT)	<u> </u>				
7. The above Soldier's duty status is chang	ed fror	m					to	
			effective hor	urs,	_			
	SEC	TION III	- REQUEST FOR PERSONNEL ACTIO	N				
8. I request the following action: (Check as	appro	priate)						
Service School (Enl only)		Spe	cial Forces Training/Assignment	Ш	Ш	Identific	ation Card	
ROTC or Reserve Component Duty			he-Job Training (Enl only)				ation Tags	
Volunteering For Oversea Service	$\perp \downarrow \downarrow$	Rete	sting in Army Personnel Tests	Щ	_		e Rations	
Ranger Training						Excess/Advance/Outside CONUS		
Reassignment Extreme Family Problems	$-\!$	<u> </u>					of Name/SSN/DOB	
Exchange Reassignment (Enl only)		Offic	er Candidate School	- L		Other (S	Conviction Waiver	
Airborne Training	ĮΙ	Asg	nt of Pers with Exceptional Family Members			Civii	Conviction waiver	
9. SIGNATURE OF SOLDIER (When requi	ired)			1	10. C	DATE (1	YYYMMDD)	
SECTION IV	- REM	IARKS (	Applies to Sections II, III, and V) (Contin	ue o	on se	parate	sheet)	
1. Soldiers require a Civil Conviction	on W	aiver a	pproved at ROTC BDE level for p	arti	icip	ation	in the Green to Gold	
Program when that Soldier has rece	eived	a Civil	Conviction consisting of a punish	ıme	ent o	of fine	only (even if expunged):	
2. (Applicant's Rank/Name) is requ	uestin	ıg a Civ	il Conviction waiver for (list offe	nse	and	l fine).	NOTE: Applicant	
( <b>f f</b>		<b>8</b>				,	must submit Affidavit	
3. Additional Information							and all court	
							Documents	
							_	
NOTE:								
PMS will RECOMMEND A	PPF	ROVA	L/DISAPPROVAL in BLO	CK	. 11			
BDE CDR will ACTION: A								
BBE OBIT WIII ACTION: A								
	SEC	TION V	- CERTIFICATION/APPROVAL/DISAPF	PRO	VAL			
11. I certify that the duty status change (S							ned herein -	
<b>.</b> · · · ·		D APPR				_	PROVED IS DISAPPROVED	
12. COMMANDER/AUTHORIZED REPRE			13. SIGNATURE			J '	14. DATE (YYYYMMDD)	
PMS RANK/NAME								
			1 1/10 0101/111 0111				DATE	

15. NAME OF INDIVIDUAL Applicant's Name	16. SSN Applicant's SSN				
Applicant's Name  ADDENDUM - RECOMMENDATION					
a. TO  HQ, USACC, ATTN: RMID (Green 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM				
c. ACTION: APPROVED DISAPPROVED RECC	MMEND: APPROVAL DISAPPROVAL				
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)				
ROTC BDE CDR NAME	ROTC BDE CDR RANK DATE				
g. TITLE/POSITION Commander	h. SIGNATURE ROTC BDE CDR SIGNATURE				
i. COMMENTS					
a. TO AUTHORITY	b. FROM				
c. ACTION: APPROVED DISAPPROVED RECO	MMEND: APPROVAL DISAPPROVAL				
d. NAME (Lest, First, Middle)	e. RANK f. DATE (YYYYMMDD)				
g. TITLE/POSITION	h. SIGNATURE				
i. COMMENTS					
a. TO AUTHORITY	b. FROM				
c. ACTION: APPROVED DISAPPROVED RECC	MMEND: APPROVAL DISAPPROVAL				
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)				
g. TITLE/POSITION	h. SIGNATURE				
I. COMMENTS	L. FDOM				
a. TO AUTHORITY	b. FROM				
	MMEND: APPROVAL DISAPPROVAL				
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)				
g. TITLE/POSITION	h. SIGNATURE				
I. COMMENTS  DA FORM 4187, MAY 2014	Page 2 of 2				

**************************************								
_		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								
		3, E.O. 9397 (SSN), as amended		DA DALL CO				
PRINCIPAL PURPOSE: To request or record	perso	nnel actions for or by Soldiers in accordance w	/ith i	DA PAM 60	10-8			
ROUTINE USES: The DoD Blanket Ro apply to this system.	utine (	Uses that appear at the beginning of the Army's	s co	mpilation o	f systems of records may			
DISCLOSURE: Voluntary; however for request for personne		to provide Social Security Number may result i n.	n a	delay or en	ror in processing the			
1. THRU (Include ZIP Code)	2. T	O (Include ZIP Code)	3. 1	FROM (Inc	clude ZIP Code)			
COMMANDER	l	Q, CADET COMMAND	Pro	ofessor of	Military Science			
(ROTC BDE Information)	,	TTN: RMID (Green to Gold)	(Pr	rogram Ir	nformation)			
		4 1st Cavalry Regiment Road						
	Fo	ort Knox, KY 40121						
4. NAME (Last, First, MI)		5. GRADE OR RANK/PMOS/AOC			6. SOCIAL SECURITY NUMBER			
Applicant's Name		Applicant's Rank/MOS						
	SECT	100 II - DUTY STATUS CHANGE (AR 600-8	-61		Applicant's SSN			
	0201	TOTAL STATES STATES (AN OUS-	-0,					
7. The above Soldier's duty status is changed in	rom		_		to			
		effective hou	ırs,					
		ON III - REQUEST FOR PERSONNEL ACTIO	N_		_=1			
8. I request the following action: (Check as app	ropria							
Service School (Enl only)	!	Special Forces Training/Assignment	11		ation Card			
ROTC or Reserve Component Duty	$\coprod$	On-the-Job Training (Enl only)	-  -	<del></del>	ation Tags			
Volunteering For Oversea Service	₩	Retesting in Army Personnel Tests	-  -		te Rations			
Ranger Training	$\coprod$	Reassignment Married Army Couples	-  -		Excess/Advance/Outside CONUS			
Reassignment Extreme Family Problems	Ш	Reclassification	Ц.		of Name/SSN/DOB			
Exchange Reassignment (Enl only)  Airborne Training	H	Officer Candidate School  Asgmt of Pers with Exceptional Family Members	╢		Specify)  Conviction Waiver			
9. SIGNATURE OF SOLDIER (When required	<u>                                     </u>		1	O DATE (	//////////////////////////////////////			
9. SIGNATURE OF SOLDIER (When required			'	U. DATE	YYYMMDD)			
SECTION IV - R	EMAF	RKS (Applies to Sections II, III, and V) (Continu	ue o	n separate	sheet)			
1. Soldiers require a Civil Conviction	Waiv	ver approved at USACC CG level for pa	arti	icipation	in the Green to Gold			
Program when that Soldier has receive	d a (	Civil Conviction consisting of a punish	me	nt other	than simple fine (even if			
expunged):								
2. (Applicant's Rank/Name) is request	ing a	Civil Conviction waiver for (list offen	se a	and fine).				
					submit Affivdavit			
3. Additional Information					and all court			
					Documents			
NOTE:								
PMS will RECOMMEND A	PPI	ROVAL/DISAPPROVAL in BL	$\cap$ C	CK 11				
		APPROVAL/DISAPPROVAL			150			
USACCICG WIII ACTION: /	426	PROVED/DISAPPROVED in B	LC	JUN 15	U			
		ON V - CERTIFICATION/APPROVAL/DISAPP						
11. I certify that the duty status change (Sect HAS BEEN VERIFIED RECOMMI		or that the request for personnel action (Sec PPROVAL RECOMMEND DISAPPROV			ined herein - PROVED IS DISAPPROVED			
12. COMMANDER/AUTHORIZED REPRESEI			, vc		14. DATE (YYYYMMDD)			
PMS RANK/NAME		PMS SIGNATURE						
I WO KAINK/IVAIVE		FIVIS SIGNATURE			DATE			

15. NAME OF INDIVIDUAL Applicant's Name	16. SSN Applicant's SSN						
	NS FOR APPROVAL/DISAPPROVAL						
AUTHORITY  a. TO  COMMANDER, USACC  204 1st Cavalry Regiment Road  Fort Knox, KY 40121	b. FROM COMMANDER (ROTC BDE Information)						
c. ACTION: APPROVED DISAPPROVED REC	OMMEND: APPROVAL DISAPPROVAL						
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)						
ROTC BDE CDR NAME	ROTC BDE CDR RANK DATE						
g. TITLE/POSITION	h. SIGNATURE ROTC BDE CDR SIGNATURE						
Commander  L COMMENTS	ROTO DDE CDROIGIMITORE						
a. TO	b. FROM						
HQ, USACC, ATTN: RMID (Green	to Gold) COMMANDER, USACC						
AUTHORITY 204 1st Cavalry Regiment Road	204 1st Cavalry Regiment Road						
Fort Knox, KY 40121	Fort Knox, KY 40121						
c. ACTION: APPROVED DISAPPROVED REC	OMMEND: APPROVAL DISAPPROVAL						
d. NAME (Last, First, Middle)	e. RANK   f. DATE (YYYYMMDD)						
USACC CG CDR NAME	USACC CG CDR RANK DATE						
g. TITLE/POSITION	h. SIGNATURE						
Commanding General	USACC CG SIGNATURE						
a. TO AUTHORITY	b. FROM						
c. ACTION: APPROVED DISAPPROVED REC	OMMEND: APPROVAL DISAPPROVAL						
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)						
	<u> </u>						
g. TITLE/POSITION	h. SIGNATURE						
LOCAMATATO							
I. COMMENTS	b. FROM						
AUTHORITY							
ACTION: Approxima To accompany	ADDROVAL DISCOURT						
	OMMEND: APPROVAL DISAPPROVAL						
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)						
g. TITLE/POSITION	h. SIGNATURE						
I. COMMENTS							

			PERSONNEL ACTION					
	For use o	f this	form, see PAM 600-8; the proponent agency	is D	CS,	G-1.		
		DA'	TA REQUIRED BY THE PRIVACY ACT OF 1	974				
AUTHORITY:	Title 10, USC, Section	3013	3, 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 Rou apply to this system.	tine (	Uses that appear at the beginning of the Army	's c	ompi	ilation of	systems of rec	ords may
DISCLOSURE:			o provide Social Security Number may result	in a	dela	ay or err	or in processing	the
1. THRU (Include ZIP C	• •		O (Include ZIP Code)	3.	FRO	OM (Inc	lude ZIP Code)	
COMMANDER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Q, CADET COMMAND				Military Scie	nco.
(ROTC BDE Inform	ation)		TN: RMID (Green to Gold)				formation)	ince
(KOTO DDE IMOIM			4 1st Cavalry Regiment Road	(1	rug	;1 a111 111	ioimation)	
			rt Knox, KY 40121					
			SECTION I - PERSONAL IDENTIFICATION					
4. NAME (Last, First, M	11)		5, GRADE OR RANK/PMOS/AOC				6. SOCIAL SE	CURITY NUMBER
Applicant's Name			Applicant's Rank/MOS				Applicant's	SSN
		ECT	ON II - DUTY STATUS CHANGE (AR 600-	3-6)				
7. The above Soldier's de	uty status is changed fr	om 🟻					to	i
			effective ho	urs,				
	SE	CTIC	ON III - REQUEST FOR PERSONNEL ACTIO	N				
8. I request the following								
Service School (Enl o	nly)	$\overline{\sqcap}$	Special Forces Training/Assignment	П		Identifica	ation Card	
ROTC or Reserve Cor								
Volunteering For Over	sea Service		Retesting in Army Personnel Tests	71	ΠÌ	Separati	Rations	
Ranger Training		П	Reassignment Married Army Couples	71	ΠĬ	Leave -	Excess/Advance/	Outside CONUS
Reassignment Extrem	e Family Problems	П	Reclassification	71		Change	of Name/SSN/DO	В
Exchange Reassignme	ent ( <i>Eni only</i> )		Officer Candidate School	$\prod$		Other (S		0
Airborne Training			Asgmt of Pers with Exceptional Family Members	],		ì	lardized Test /ACT)	Score
9. SIGNATURE OF SOL	DIER (When required)			1	10. l	DATE (Y	YYYMMDD)	
	SECTION IV - RE	MAR	KS (Applies to Sections II, III, and V) (Contin	ue (	on s	eparate .	sheet)	
1. Soldiers required	a Standardized Te	st Sc	ore Waiver approved at the USACC (	G	Lev	el for p	articipation	in the Green to
Gold program when that Soldier has a SAT score below 1000 (920 if the test was taken prior to 03/01/2016) or an ACT								
score below 19.								
2. (Soldier's RANK	Name) has a (SAT/	SAT	) score of and therefore req	ues	ts a	Standa	ardized Test	Score Waiver
			·					
NOTE:								
		םסכ	ROVAL/DISAPPROVAL in BL	$\bigcap$	٦ĸ	11		
_					_		45.	
			APPROVAL/DISAPPROVAL					
USACC CG	will ACTION: A	<b>IPP</b>	ROVED/DISAPPROVED in E	3L(	OC	K 150		
	90	CTIC	DN V - CERTIFICATION/APPROVAL/DISAPR	PC	יאעו			_
11 I certify that the duty			or that the request for personnel action (Se				ned herein -	
HAS BEEN VERIF			PPROVAL RECOMMEND DISAPPRO			_	_	S DISAPPROVED
12. COMMANDER/AUT				ML	· <u>L</u>		14. DATE (Y	·
PMS RANK/NAM	E		PMS SIGNATURE				DATE	11
			4					

5.1NAME OF IND VIDU. Applicant's		16. SSN Applicant's SSN							
Tippicunt	ADDENDUM RECOMMENDATION	S FOR APP							
	a. TO	×	b. FROM						
AUTHOR TY	COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	COMMANDER (ROTC BDE Information)							
c ACT ON : APP	ROV ED D SAPPROVED RECO	DMMEND:	APPROVAL	D SAPPROVAL					
d. NAME (Last First, Mic		. eARK		f. DATE (YYYYMMDD)					
ROTC BDE CDR	NAME	ROTC BDE CDR RANK DATE							
g. TITE/POSITION Commander		ROTC BDE CDR SIGNATURE							
COMME TS		I KOI	C DDL CDR SIGNATOR	ь					
	а. От		b. R@M						
	HQ, USACC, ATTN: RMID (Green to	o Gold)	COMMANDER, USAG	CC.					
AU HORI TY	204 1st Cavalry Regiment Road	o dola)	204 1st Cavalry Regime						
	Fort Knox, KY 40121		Fort Knox, KY 40121	one nous					
c ACT ON: APP		OMMEND.	AP ROVAL	DISAPPROVAL					
d. NAME (Last, First, Mic		e. RANK		f DATE (YYYYMMDD)					
USACC CG CDR	NAME	USA	CC CG CDR RANK	DATE					
g. TTLE/POSTON		. & G IANURE							
Commanding Ge	neral	USACC CG SIGNATURE							
AUTH RÖTY	. a. TO		b FROM						
c. ACTION APP	ROVED DSAPPROVED RECO	MMEND	APPRO MA	DISAPPROVAL					
d. NAME (Last, First, Mic	idle)	e RANK		f DATE (YYYYM MADE)					
g. TITLE/POS TION	111	h S,GNATURE							
. GOMMENTS									
	- 70		b FROM						
AUTH ROTY									
c. ACTION: APP	ROVED DISAP RPVED RECO	DMMEND	APPROV LA	DISAPPROVAL					
d. NAME (Last, First, Mic	ldle)	e RANK		f DATE (YYYYMMDD)					
g. TITLE/POSITION		h SIGNATURE							
COMMENTS.									
DA FORM 4187, MAY 201	4			Page 2 of 2					

		-				
	F		PERSONNEL ACTION	- 50	20.04	
	For use o		orm, see PAM 600-8, the proponent agency i		JS, G-1.	
			A REQUIRED BY THE PRIVACY ACT OF 1	974		
AUTHORITY:	157		, E.O. 9397 (SSN), as amended	Jak P	DA DANG	
PRINCIPAL PURPOSE:	To request or record (	person	nel actions for or by Soldiers in accordance w	/ith l	DA PAM 60	JO-8 .
ROUTINE USES:	The DoD Blanket Rou apply to this system.	itine U	ses that appear at the beginning of the Army'	s co	mpilation o	f systems of records may
DISCLOSURE:	Voluntary, however fa request for personnel		provide Social Security Number may result i	na	delay or er	ror in processing the
1. THRU (Include ZIP C	Code)	2, TO	(Include ZIP Code)	3.1	FROM (In	clude ZIP Code)
COMMANDER			), CADET COMMAND	Pro	ofessor of	f Military Science
(ROTC BDE Inform	nation)		TN: RMID (Green to Gold)			nformation)
			1st Cavalry Regiment Road			
			t Knox, KY 40121			
4. NAME (Last, First, N	An		5. GRADE OR RANK/PMOS/AOC			6 SOCIAL SECURITY NUMBER
Applicant's Name	11)		Applicant's Rank/MOS			17
Applicants Name		SECTI	ON II - DUTY STATUS CHANGE (AR 600-8	-6)		Applicant's SSN
	-		OHI - BOTT BIATOO SIANOE (AR OUS-	- 0,		
7. The above Soldier's d	uty status is changed for	om				to
			effective hou	ırs,	1	
			N III - REQUEST FOR PERSONNEL ACTIO	N_		_=1
8. I request the following		roprial				
Service School (Eni c	*-		Special Forces Training/Assignment	11	_!!	cation Card
ROTC or Reserve Cor	<u> </u>		On-the-Job Training (Enl only)	11	<del></del>	cation Tags
Volunteering For Over	rsea Service		Retesting in Army Personnel Tests	4		te Rations
Ranger Training			Reassignment Married Army Couples	-  -		Excess/Advance/Outside CONUS
Reassignment Extrem			Reclassification	Щ		of Name SSN/DOB
Exchange Reassignm	ent (Eni only)		Officer Candidate School	-  L		Specify)
Airborne Training			Asgmt of Pers with Exceptional Family Members			PA Waiver
9. SIGNATURE OF SOL	_DIER (When required)			11	O. DATE (	YYYYMMDD)
	SECTION IV - RE	MAR	KS (Applies to Sections II, III, and V) (Continu	ue o	n separate	sheet)
1. Soldiers required	l a Consolidated Gi	ade I	Point Average (CGPA) Waiver approv	zed	at the US	SACC CG Level for
participation in the Green to Gold program when that Soldier has a CGPA between 2.00-2.49.						
2. (Soldier's RANK Name) has a CPGA of and therefore requests a CPGA Waiver						
,	,					
NOTE:						
	COMMEND A		O) / A L / D L O A D D D O) / A L D L	~~	NZ 4.4	
			OVAL/DISAPPROVAL in BL			
BDE CDR w	ill RECOMMEI	ND /	APPROVAL/DISAPPROVAL	in l	BLOCK	( 15c
USACC CG	will ACTION: A	٩PP	ROVED/DISAPPROVED in B	LC	OCK 15	c
	-	-07-0	WW. OFFICIATION APPROVALED AND	D.C.	741	
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.						
HAS BEEN VERIF				AL	∐ IS AP	PROVED IS DISAPPROVED
		uau)				14. DATE (YYYYMMDD)
PMS RANK/NAME PMS SIGNATURE						DATE

15. NAME OF INDIVIDUAL Applicant's Name	16. SSN Applicant's SSN								
ADDENDUM - RECOMMENDATION	1								
a. TO	b. FROM								
AUTHORITY COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	COMMANDER (ROTC BDE Information)								
c. ACTION: APPROVED DISAPPROVED RECO	DMMEND: APPROVAL DISAPPROVAL								
d. NAME (Last, First, Middle)	e. RANK (f. DATE (YYYYMMDD)								
ROTC BDE CDR NAME	ROTC BDE CDR RANK DATE								
g. TITLE/POSITION	h. SIGNATURE								
Commander	ROTC BDE CDR SIGNATURE								
i. COMMENTS   a, TO  b, FROM									
HQ, USACC, ATTN: RMID (Green t	\$2.11								
AUTHORITY 204 1st Cavalry Regiment Road	204 1st Cavalry Regiment Road								
Fort Knox, KY 40121	Fort Knox, KY 40121								
	DMMEND: APPROVAL DISAPPROVAL								
d. NAME (Last, First, Middle)	e. RANK (f. DATE (YYYYMMDD)								
USACC CG CDR NAME	USACC CG CDR RANK DATE								
g. TITLE/POSITION	h. SIGNATURE								
Commanding General	USACC CG SIGNATURE								
la. TO	b. FROM								
AUTHORITY	D. PROW								
c. ACTION: APPROVED DISAPPROVED RECC	DMMEND: APPROVAL DISAPPROVAL								
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)								
g. TITLE/POSITION	h. SIGNATURE								
I. COMMENTS									
a. TO b. FROM  AUTHORITY									
c. ACTION: APPROVED DISAPPROVED RECC	DMMEND: APPROVAL DISAPPROVAL								
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)								
g. TITLE/POSITION h. SIGNATURE									
I. COMMENTS  DA FORM 4187, MAY 2014	Page 2 of 2								

PERSONNEL ACTION  For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.										
		roruse o								
	<del></del>			TA REQUIRED BY THE I		74				
	HORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended									
PRII	NCIPAL PURPOSE:	To request or record p	To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.							
ROL	The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.						of systems of records may			
DIS	CLOSURE:	Voluntary; however far request for personnel		to provide Social Security in.	Number may result in	n a	delay or e	error in processing the		
1. T	HRU (Include ZIP C	Code)	2. 1	O (Include ZIP Code)	[;	3.	FROM (	nclude ZIP Code)		
CO	MMANDER		H	Q, CADET COMMAI	ND :	Pr	ofessor	of Military Science		
(RC	OTC BDE Inform	ation)	A'	TTN: RMID (Green to	0 11			Information)		
			20	4 1st Cavalry Regime	ent Road	`	O	,		
			Fo	ort Knox, KY 40121						
				SECTION I - PERSONAL						
	IAME (Last, First, M	11)		5. GRADE OR RAI				6. SOCIAL SECURITY NUMBER		
Ap	plicant's Name			Applicant's Ranl				Applicant's SSN		
		<u> </u>	ECT	TION II - DUTY STATUS C	HANGE (AR 600-8-	-6)				
7. τ	he above Soldier's de	uty status is changed fr	om					to		
				effective _	hou	rs,				
		SE	CTI	ON III - REQUEST FOR P	ERSONNEL ACTION	1				
8. I	request the following	action: (Check as appr								
Ш	Service School (Enl o	nly)	П	Special Forces Training/Ass	signment	П	Identi	ication Card		
	ROTC or Reserve Cor	nponent Duty	П	On-the-Job Training (Enl o	nly)	П	Identi	fication Tags		
	Volunteering For Over	sea Service		Retesting in Army Personne	el Tests	П	Sepa	ate Rations		
П	Ranger Training		П	Reassignment Married Arm	y Couples	П	Leave	Leave - Excess/Advance/Outside CONUS		
	Reassignment Extrem	e Family Problems	П	Reclassification	- · · · - · · · · · · · · · · · · · · ·	11	Chan	ge of Name/SSN/DOB		
	Exchange Reassignme	ent ( <i>Enl only</i> )	П	Officer Candidate School		Ħ	Other	(Specify)		
	Airborne Training			Asgmt of Pers with Exception	onal Family Members	٦,	Rec	enrollment Waiver		
9. 8	SIGNATURE OF SOL	DIER (When required)				1	IO. DATE	(YYYYMMDD)		
		SECTION IV - RE	MAI	RKS (Applies to Sections I	I, III, and V) (Continu	ie c	on separa	e sheet)		
	-				-		-	in the Green to Gold ourse or Advance Course.		
Pro	ogram when that	Soluter was previou	181 <i>y</i>	disentoned from enn	er tile Army KO1	C	Dasic Co	ourse of Advance Course.		
١,	(Soldior's DANK	Name) information								
<sup>2</sup> '	(Soluter & KAINK	ivallie) illioi illatioi	1;		NOTE:					
l	a Data of D	Disenrollment-			1			1-		
		at time of Disenro	11	n#	Applicant mu		•	ie		
l		or Disenrollment-	111110	511 <b>1-</b>	DD FORM 78	85				
l		ng Service or Schola	. rch	in dobte						
	d. Kemami	ng service or school	11.211	ip debis-						
l										
I I	NOTE:									
	_									
╽	PMS will REC	OMMEND APP	'KC	OVAL/DISAPPRO	OVAL in BLOC	K	. 11			
E	BDE CDR will	<b>ACTION: APP</b>	RO	VED/DISAPPRO	<b>OVED</b> in Block	1	5c			
l ∟										
		SE	CTI	DN V - CERTIFICATION/A	APPROVAL/DISAPPI	RO	VAL			
11.	I certify that the duty							tained herein -		
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/AUT	HORIZED REPRESEN	TAT	IVE 13. SIGNATURE				14. DATE (YYYYMMDD)		
PMS RANK/NAME PMS SIGNATURE DATE						DATE				

15. NAME OF INDIVIDUAL Applicant's Name	16. SSN Applicant's SSN								
ADDENDUM - RECOMMENDATION	1								
AUTHORITY  a. TO  HQ, USACC, ATTN: RMID (Green 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM								
	DMMEND: APPROVAL DISAPPROVAL								
d. NAME (Last, First, Middle)  ROTC BDE CDR NAME	e. RANK f. DATE (YYYYMMDD)								
g. TITLE/POSITION	ROTC BDE CDR RANK DATE  h. SIGNATURE								
Commander	ROTC BDE CDR SIGNATURE								
i. COMMENTS									
a. TO AUTHORITY	b. FROM								
c. ACTION: APPROVED DISAPPROVED RECO	DMMEND: APPROVAL DISAPPROVAL								
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)								
g. TITLE/POSITION	h. SIGNATURE								
a. TO AUTHORITY	b. FROM								
c. ACTION: APPROVED DISAPPROVED RECO	DMMEND: APPROVAL DISAPPROVAL								
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)								
g. TITLE/POSITION	h. SIGNATURE								
I. COMMENTS									
a. TO b. FROM  AUTHORITY									
	DMMEND: APPROVAL DISAPPROVAL								
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)								
g. TITLE/POSITION h. SIGNATURE									
I. COMMENTS  DA FORM 4187, MAY 2014	Page 2 of								

		-				
		e 41-1-	PERSONNEL ACTION	- 5	00.04	
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.						
TH- 40 H20 4	D 47		TA REQUIRED BY THE PRIVACY ACT OF 1	974		
			3, E.O. 9397 (SSN), as amended	.745-	D4 D414 66	
PRINCIPAL PURPOSE: To request or re	ecora p	erso	nnel actions for or by Soldiers in accordance v	vitn	DA PAM 60	10-8,
ROUTINE USES: The DoD Blank apply to this sy:		tine (	Jses that appear at the beginning of the Army	's co	mpilation o	f systems of records may
DISCLOSURE: Voluntary; how request for pers			to provide Social Security Number may result n.	in a	delay or en	or in processing the
1. THRU (Include ZIP Code)	1	2. T	O (Include ZIP Code)	3.	FROM (Inc	clude ZIP Code)
COMMANDER			Q, CADET COMMAND	Pr	ofessor of	Military Science
(ROTC BDE Information)	1		TTN: RMID (Green to Gold)	(P1	rogram Ir	nformation)
			4 1st Cavalry Regiment Road			
		Fo	ort Knox, KY 40121			
4. NAME (Last, First, MI)			5. GRADE OR RANK/PMOS/AOC			6. SOCIAL SECURITY NUMBER
Applicant's Name			Applicant's Rank/MOS			Applicant's SSN
пррисынсятине	9	ECT	ION II - DUTY STATUS CHANGE (AR 600-1	2-6)		Applicant's 551
			TOTAL BOTT BIATOG FINANCE (AIR 555	,		
7. The above Soldier's duty status is char	nged fr	om		_		to
l			effective hou	urs,		
	SE	CTIC	ON III - REQUEST FOR PERSONNEL ACTIO	N		_=1
8. I request the following action: (Check a	as appi	оргіг				
Service School (Enl only)			Special Forces Training/Assignment	Ш	!!	ation Card
ROTC or Reserve Component Duty		Ш	On-the-Job Training (Enl only)	Ш	<del></del>	ation Tags
Volunteering For Oversea Service		Ш	Retesting in Army Personnel Tests	Щ		e Rations
Ranger Training		Ш	Reassignment Married Army Couples	_		Excess/Advance/Outside CONUS
Reassignment Extreme Family Problems	•	Ш	Reclassification	Щ		of Name/SSN/DOB
Exchange Reassignment (Enl only)		뭐	Officer Candidate School	40		Specify) endency Waiver
Airborne Training		Ш	Asgmt of Pers with Exceptional Family Members	$\perp$		·
9. SIGNATURE OF SOLDIER (When rec	quired)			1	0. DATE (	YYYMMDD)
SECTION	IV - RE	MAF	RKS (Applies to Sections II, III, and V) (Contin	ue c	on separate	sheet)
1 Soldiers require a Dependency	Waix	or a	pproved at ROTC BDE level for partic	cina	ation in th	a Green to Gold
			3 dependents, is the non-custodial particular	-		
dependent(s) under 18 years of ag		11411	3 dependents, is the non-custodial pa	CII	t, and/or	is dual illilitary with
dependent(s) under 10 years of ag	,.					
2. (Applicant's RANK Name) is/h	nas (cl	1005	e from one or more of the three optio	ns a	above) the	erefore is requesting
a Dependency Waiver.	(				,	1
1						
NOTE:						
	ΔΡΕ	RC	OVAL/DISAPPROVAL in BLO	CK	11	
I						
BDE CDR WIII ACTION: /	APP	RU	VED/DISAPPROVED in Block	K T	5C	
	SF	CTI	DN V - CERTIFICATION/APPROVAL/DISAPF	PRO	VAL	
11. I certify that the duty status change (Section III) 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 REPR	RESEN	TAT	VE 13. SIGNATURE			14. DATE (YYYYMMDD)
PMS RANK/NAME			PMS SIGNATURE			DATE
l						

15. NAME OF INDIVIDUAL Applicant's Name	16. SSN Applicant's SSN								
ADDENDUM - RECOMMENDATION	1 1								
AUTHORITY  a. TO  HQ, USACC, ATTN: RMID (Green 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM								
c. ACTION: APPROVED DISAPPROVED RECO	MMEND:	APPROVAL	DISAPPROVAL						
d. NAME (Last, First, Middle)	e. RANK		f. DATE (YYYYMMDD)						
ROTC BDE CDR NAME  g. TITLE/POSITION	ROTC BDE CDR RANK DATE  h. SIGNATURE								
Commander	ROTC BDE CDR SIGNATURE								
i. COMMENTS									
a. TO AUTHORITY		b. FROM							
c. ACTION: APPROVED DISAPPROVED RECO	OMMEND:	APPROVAL	DISAPPROVAL						
d. NAME (Last, First, Middle)	e. RANK		f. DATE (YYYYMMDD)						
g. TITLE/POSITION	h. SIGNATURE								
a. TO AUTHORITY	b. FROM								
c. ACTION: APPROVED DISAPPROVED RECO	MMEND:	DISAPPROVAL							
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYY!								
g. TITLE/POSITION	h. SIGNATURE								
i. COMMENTS   a, TO   b, FROM									
AUTHORITY									
	MMEND:	APPROVAL	DISAPPROVAL						
d. NAME (Last, First, Middle)	e. RANK		f. DATE (YYYYMMDD)						
g. TITLE/POSITION h. SIGNATURE									
I. COMMENTS  DA FORM 4187, MAY 2014			Page 2 of 2						

<b>F</b>	# 4L!-	PERSONNEL ACTION	- 5	00.04		
For use of		form, see PAM 600-8; the proponent agency i				
Tills 40 1100 Oction		TA REQUIRED BY THE PRIVACY ACT OF 1	974			
		3, E.O. 9397 (SSN), as amended	Jat 1	DA DALL 60		
PRINCIPAL PURPOSE: To request or record	perso	nnel actions for or by Soldiers in accordance v	vith i	DA PAM 60	10-8	
ROUTINE USES: The DoD Blanket Rou apply to this system.	itine (	Jses that appear at the beginning of the Army	s co	mpilation o	f systems of records may	
DISCLOSURE: Voluntary; however fa request for personnel		to provide Social Security Number may result n.	in a	delay or en	ror in processing the	
1. THRU (Include ZIP Code)	2. T	O (include ZIP Code)	3. 1	FROM (In	clude ZIP Code)	
COMMANDER		Q, CADET COMMAND	Pro	ofessor of	Military Science	
(ROTC BDE Information)		TTN: RMID (Green to Gold)			nformation)	
		4 1st Cavalry Regiment Road		-		
	Fo	rt Knox, KY 40121				
4. NAME (Last, First, MI)		5. GRADE OR RANK/PMOS/AOC			6. SOCIAL SECURITY NUMBER	
Applicant's Name		Applicant's Rank/MOS				
	SECT	ION II - DUTY STATUS CHANGE (AR 600-8	2-6)		Applicant's SSN	
	<u> </u>	ION II - BOTT STATES STANGE (AN UDD-	<i>)-0)</i>			
7. The above Soldier's duty status is changed f	om				to	
		effective hou	ırs,			
SI	CTIC	ON III - REQUEST FOR PERSONNEL ACTIO	N		_=1	
8. I request the following action: (Check as app	ropria	ite)			_ 1	
Service School (Enl only)		Special Forces Training/Assignment		Identific	ation Card	
ROTC or Reserve Component Duty		On-the-Job Training (Enl only)	$\perp \! \! \! \! \! \! \! \! \perp$	Identific	ation Tags	
Volunteering For Oversea Service	Ш	Retesting in Army Personnel Tests	Ш	Separa	e Rations	
Ranger Training		Reassignment Married Army Couples		Leave -	Excess/Advance/Outside CONUS	
Reassignment Extreme Family Problems	Ш	Reclassification	Щ		of Name/SSN/DOB	
Exchange Reassignment (Enl only)	Ш	Officer Candidate School	7[		Specify)	
Airborne Training		Asgmt of Pers with Exceptional Family Members			ndency Waiver	
SIGNATURE OF SOLDIER (When required)			1	O. DATE (	YYYMMDD)	
SECTION IV - RI	MAF	KS (Applies to Sections II, III, and V) (Contin	ue o	n separate	sheet)	
1 Caldiana magninad a Damandan ay Wa		ammuovad at the USACC CC Level for		uti aim ati a	n in the Cusen to Cold	
1. Soldiers required a Dependency Wa			_	-		
program when that Soldier is: the sole	pare	nt of a dependent(s) under the age of	180	or nas jon	it custody of a dependent(s)	
under the age of 18.						
2 (Saldian's DANIV Names) is/has (sha		man and of the 2 antions above) and t	<b>L</b>		veete e Demenden en Meissen	
2. (Soldier's RANK Name) is/ has (cho	ose i	rom one of the 2 options above) and t	ner	eiore req	uests a Dependency waiver	
NOTE:						
PMS will RECOMMEND A	PPF	ROVAL/DISAPPROVAL in BL	OC	CK 11	_	
BDE CDR will RECOMME	ND	APPROVAL/DISAPPROVAL	in l	BLOCK	15c	
		PROVED/DISAPPROVED in E				
	\	TO VEDIDION THO VED III E		JOIN 13		
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)						
PMS RANK/NAME		PMS SIGNATURE			DATE	
		I MO GIGINAT ORE			DATE	

15. NAME OF INDIVIDUAL Applicant's Name	16. SSN Applicant's SSN							
ADDENDUM - RECOMMENDATION								
a. TO	b. FROM							
AUTHORITY COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	COMMANDER (ROTC BDE Information)							
c. ACTION: APPROVED DISAPPROVED RECO	MMEND: APPROVAL DISAPPROVAL							
d. NAME (Last, First, Middle)	e. RANK (f. DATE (YYYYMMDD)							
ROTC BDE CDR NAME	ROTC BDE CDR RANK DATE							
g. TITLE/POSITION	h. SIGNATURE							
Commander  L COMMENTS	ROTC BDE CDR SIGNATURE							
a. TO	b. FROM							
HQ, USACC, ATTN: RMID (Green t	- gr (							
AUTHORITY 204 1st Cavalry Regiment Road	204 1st Cavalry Regiment Road							
Fort Knox, KY 40121	Fort Knox, KY 40121							
	DMMEND: APPROVAL DISAPPROVAL							
d. NAME (Last, First, Middle)	e. RANK [f. DATE (YYYYMMDD)							
USACC CG CDR NAME	USACC CG CDR RANK DATE							
g. TITLE/POSITION	h. SIGNATURE							
Commanding General	USACC CG SIGNATURE							
a. TO AUTHORITY	b. FROM							
c. ACTION: APPROVED DISAPPROVED RECO	OMMEND: APPROVAL DISAPPROVAL							
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)							
g. TITLE/POSITION	h. SIGNATURE							
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c. ACTION: APPROVED DISAPPROVED RECC	DMMEND: APPROVAL DISAPPROVAL  e. RANK f. DATE (YYYYMMDD)							
a. Trune (Lest, ) nat, music/	i, one (117 minus)							
g. TITLE/POSITION h. SIGNATURE								
I. COMMENTS  DA FORM 4187, MAY 2014	Page 2 of 2							

	For use o	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		, E.O. 9397 (SSN), as amended	77-4						
			nel actions for or by Soldiers in accordance w	ith C	DA F	PAM 600	0-8.			
		•	•							
ROUTINE USES:	apply to this system.	Mille O	ses that appear at the beginning of the Army's	S COI	mpii	alluli ui	systems of re	curus may		
DISCLOSURE:			provide Social Security Number may result i	nao	dela	y or erro	or in processir	ng the		
1. THRU (Include ZIP (	Code)	2. TC	(Include ZIP Code)	3. F	RO	M (Inc.	lude ZIP Code	)		
COMMANDER		HQ	, CADET COMMAND	Pro	ofes	sor of	Military Sc	ience		
(ROTC BDE Inform	nation)	AT	TEL DE (C				formation)			
		ı	1st Cavalry Regiment Road		Ü					
			t Knox, KY 40121							
	All		SECTION I - PERSONAL IDENTIFICATION							
4. NAME (Last, First, N	11)		5. GRADE OR RANK/PMOS/AOC				15	SECURITY NUMBER		
Applicant's Name		PEOTI	Applicant's Rank/MOS				Applicant	s SSN		
	-	SEC III	ON II - DUTY STATUS CHANGE (AR 600-8	-6)						
7. The above Soldier's d	uty status is changed f	rom					to	,		
			effective hou	rs,						
	SI	ECTIO	N III - REQUEST FOR PERSONNEL ACTION	N N						
8. I request the following	action: (Check as app	ropriat	e)							
Service School (Enl o	* -		Special Forces Training/Assignment	$\prod$		Identifica	tion Card			
ROTC or Reserve Co	mponent Duty		On-the-Job Training (Enl only)			Identifica	tion Tags			
Volunteering For Over	rsea Service		Retesting in Army Personnel Tests	$\prod$		Separate	Rations			
Ranger Training			Reassignment Married Army Couples			Leave - I	Excess/Advance	e/Outside CONUS		
Reassignment Extrem	e Family Problems		Reclassification			Change	of Name/SSN/D	ОВ		
Exchange Reassignm	ent ( <i>Enl only</i> )		Officer Candidate School	$\prod \lceil$		Other (S		(A.EC)		
Airborne Training Asgmt of Pers with Exceptional Family Mo					_	Activ	e Federal Se	ervice (AFS)		
9. SIGNATURE OF SOL	DIER (When required)			10	O. C	ATE (Y	YYYMMDD)			
	SECTION IV - RI	MARI	(S (Applies to Sections II, III, and V) (Continu	je oi	n se	parate :	sheet)			
1. Soldiers required	d an AFS Waiver at	oprov	ed at USACC CG Level for participati	ion	in 1	the Gr	een to Gold	program when		
1. Soldiers required an AFS Waiver approved at USACC CG Level for participation in the Green to Gold program when that Soldier will have over 10 years Active Federal Service at time of commissioning										
The state of the s										
2. (Soldier's RANK Name) will have years and months of Active Federal Service at projected time of										
commission and the								,		
NOTE:								1		
_								_		
			OVAL/DISAPPROVAL in BLO							
BDE CDR w	/ill RECOMMEI	ND A	\PPROVAL/DISAPPROVAL i	n E	BL(	OCK	15c			
USACC CG	will ACTION: A	APP	ROVED/DISAPPROVED in B	LC	CI	K 15d	2			
		- '			-					
								1		
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 VERIF			PROVAL RECOMMEND DISAPPROV	AL		IS APF	ROVED	IS DISAPPROVED		
12. COMMANDER/AUT	HORIZED REPRESEN	VITATIV	'E 13. SIGNATURE				14. DATE (	YYYYMMDD)		
PMS RANK/NAME			PMS SIGNATURE	S SIGNATURE				DATE		

15. NAME OF INDIVIDUAL	16. SSN								
Applicant's Name	Applicant's SSN								
ADDENDUM - RECOMMENDATIO	NS FOR APPROVAL/DISAPPROVAL								
COMMANDER, USACC	COMMANDER								
AUTHORITY 204 1st Cavalry Regiment Road	(ROTC BDE Information)								
Fort Knox, KY 40121	(2022211101111011)								
c. ACTION: APPROVED DISAPPROVED REC	OMMEND: APPROVAL DISAPPROVAL								
d. NAME (Last, First, Middle)	e. RANK (f. DATE (YYYYMMDD)								
ROTC BDE CDR NAME	ROTC BDE CDR RANK DATE								
g. TITLE/POSITION	h. SIGNATURE								
Commander	ROTC BDE CDR SIGNATURE								
I. COMMENTS									
a. TO	b. FROM								
AUTHORITY HQ, USACC, ATTN: RMID (Green									
204 1st Cavalry Regiment Road Fort Knox, KY 40121	204 1st Cavalry Regiment Road Fort Knox, KY 40121								
	OMMEND: APPROVAL DISAPPROVAL  [e. RANK [f. DATE (YYYYMMDD)]								
d. NAME (Last, First, Middle) USACC CG CDR NAME	USACC CG CDR RANK DATE								
g. TITLE/POSITION	h. SIGNATURE								
Commanding General	USACC CG SIGNATURE								
i. COMMENTS	'								
a. TO AUTHORITY	b. FROM								
c. ACTION: APPROVED DISAPPROVED REC	OMMEND: APPROVAL DISAPPROVAL								
d. NAME (Last, First, Middle)	e. RANK   f. DATE (YYYYMMDD)								
	,								
g. TITLE/POSITION	h. SIGNATURE								
I. COMMENTS									
a. TO	b. FROM								
AUTHORITY									
	OMMEND: APPROVAL DISAPPROVAL								
d. NAME (Last, First, Middle)	e. RANK f. DATE (YYYYMMDD)								
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g. meen conton	II, GIORATORE								
I. COMMENTS									