

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



[www.goarmy.com/rotc/enlisted-soldiers.html](http://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.

**Status Updates:** 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](mailto: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.<sup>3</sup>

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:

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

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](http://www.goarmy.com/rotc/enlisted-soldiers.html), scroll down to Green to Gold Active Duty

Option, then click on “**Learn More**”, next scroll to the bottom of the page and click on “Take the Next Step: Create An Account”. Once account is created, you now have access to the

Green to Gold Access Portal. To log into the Access Portal, go to: [https://gtg.usarmyrotc.com/dana-na/auth/url\\_3/welcome.cgi](https://gtg.usarmyrotc.com/dana-na/auth/url_3/welcome.cgi), **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 FORWARDED 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 **A WAIVER REQUEST FOR THE DISQUALIFICATION MUST BE SUBMITTED as soon as possible**. 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: <https://dodmerb.tricare.osd.mil/Forms.aspx>.

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

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

**Academic Discipline- Mix 1 Generalist**

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

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

**Academic Discipline Mix 2 -  
Technical**

CODE ACADEMIC TITLE

BAA	ACCOUNTING/AUDITING
BAC	ADVERTISING
BAD	BANKING AND
	FINANCING
BAE	FINANCE GENERAL
BAM	COMPTROLLERSHIP
BAN	COMPUTER SCIENCE
	MANAGEMENT

DAF	FOOD TECHNOLOGY
DAM	PLANT PATHOLOGY
DAN	SUGAR TECHNOLOGY
DAP	WILD LIFE RESOURCES
DAS	AVIATION SAFETY
DAT	TECHNICAL
	MANAGEMENT
DAX	AGRICULTURE-FORESTRY
	GRENERAL
DBB	NAVIGATION CELESTIAL
DEA	NAVIGATIONAL
	TERRESTRIAL
DED	TOPOGRAPHY INCLUDING
	PHOTOGRAMMETRY
EAA	ARCHEOLOGY

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

**Academic Discipline Mix 3 -  
Physical  
Science/Analytical**

CODE	ACADEMIC TITLE
BAL	OPERATIONS RESEARCH ANALYST (BUSINESS)
CFB	PHYSICS, SPACE
CFD	SPACE SYSTEMS OPERATIONS
CUE	COMPUTER SCIENCE
CUP	COMPUTER BASED INSTRUCTION
DAG	HISTOLOGY
DAI	EMBRYOLOGY



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

**Academic Discipline Mix 4 -  
Engineering**

CODE ACADEMIC TITLE

CAA	ARCHITECTURAL ENGINEERING
CAB	NAVAL ARCHITECTURE ENGINEERING
CAC	ARCHITECTURE LANDSCAPE
CAX	ARCHITECTURE GENERAL

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

**Academic Discipline Mix 5 -  
Nursing**

CODE ACADEMIC TITLE

JXX NURSING GENERAL

PROGRAM	SCHOLARSHIP		
	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	X	1
TRANSCRIPTS	1	1	1
USACC FORM 145-1-6 (PAGE 1)	1	X	X
PMS LETTER	2	2	2
USACC FORM 104-R (FINAL)	2	X	2
USACC FORM 145-1-6 (PAGES 1-3)	2	X	X
DODMERB EXAM	2	2	2

1	DOCUMENT REQUIRED FOR PHASE 1
2	DOCUMENT REQUIRED FOR PHASE 2
X	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

**AUTHORITY**  
**PRINCIPAL PURPOSE**  
**ROUTINE USES**  
**DISCLOSURE**

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

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

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

3. Degree Type  Scholarship Category

### PART I - PERSONAL INFORMATION

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

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

11. Current Home Address: Street Address  Apt.

City  State  Zip Code  Country

12. Marital Status  Spouse Military

Number of Children

Citizenship

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

14. What is your Gender?  Female  Male  
 Do you consider yourself to be Hispanic or Latino?  Yes  No  
 What is your race? Please check one or more.  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

### PART II - MILITARY INFORMATION

15. Unit of Assignment Unit Name  Street Address

City  State  Zip Code  Unit Phone Number

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

16. Latest APFT (Date)  **Enter score for each event:**  
 Push Ups  0 Sit Ups  0 2-Mile Run  0 APFT Sum  0 APFT Pass?  0

### PART III - SCHOOL OF INTENT

17. HOST SCHOOL Host University  Host FICE  Resident Status

18. ACADEMIC SCHOOL Academic University  Academic FICE

### PART IV - ACADEMIC INFORMATION

Academic Major  ADM Code  CGPA  Composite Score SAT  ACT  SAT Equivalent

**U.S. ARMY ROTC GREEN TO GOLD PROGRAM APPLICATION**

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

**PART V - CHAIN OF COMMAND EVALUATION**

Rank      Last Name      First Name      SSN

\_\_\_\_\_

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

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

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

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

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

Grade      Name of Company Commander      Telephone Number      Email Address

\_\_\_\_\_

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

Signature of Commanding Officer: \_\_\_\_\_ Date \_\_\_\_\_

**Box 3 Battalion Commander's Evaluation:**

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

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

Grade      Name of Battalion Commander      Telephone Number      Email Address

\_\_\_\_\_

Signature of Battalion Commander: \_\_\_\_\_ Date \_\_\_\_\_

# U.S. ARMY ROTC GREEN TO GOLD PROGRAM APPLICATION

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

## PART VI - APPLICANT STATEMENT

Rank	Last Name	First Name	SSN
_____	_____	_____	_____

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

### ACTIVE DUTY OPTION APPLICANTS ONLY

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

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | 1. I understand that the Active Duty Service Obligation (ADSO) for participation in the program is four years. Further, I understand the minimum ADSO as a commissioned officer is three years.  |
| <input type="checkbox"/> | 2. I understand that if I have received an Enlistment Bonus or Selective Service Reenlistment Bonus, I must report the end date of the bonus, and if selected for the Green to Gold ADO program, I may be required to refund the percentage of the bonus equal to the percentage of obligated service that I will not perform in the specified MOS. My eligibility for bonus pay ceases on the date I depart my current duty station.                      |
| <input type="checkbox"/> | 3. I meet all basic prerequisites listed in the program guidelines.  |
| <input type="checkbox"/> | 4. I have reviewed my Enlisted Record Brief (ERB), and it is current and accurate.   |
| <input type="checkbox"/> | 5. I understand that prior to acceptance into the ROTC program, I must obtain an unconditional letter of acceptance from the college/university that I will be attending.  |
| <input type="checkbox"/> | 6. I understand that all prerequisite courses required by the university must be completed prior to submission of this application. I also understand that the cost to complete any prerequisite courses are at my own expense.  |
| <input type="checkbox"/> | 7. I understand that there are no scholarship or stipend benefits associated with the ADO Program. I am aware that I can use the Montgomery GI Bill/Army College Fund and/or Pell Grant inconjunction with this program. I also understand that I cannot utilize Tuition Assistance while participating in the Green to Gold ADO Program.  |
| <input type="checkbox"/> | 8. I am not currently scheduled for, or attending, MOS training as a result of reclassification or reenlistment training contract. I have not applied for reclassification or reenlistment training.   |
| <input type="checkbox"/> | 9. I understand that I must submit all transcripts and documents identifying all post high school courses of instruction.  |
| <input type="checkbox"/> | 10. I understand that I will not be authorized to participate in the Education Delay Program. I will be commissioned and accessed active duty based on the needs of the Army.  |
| <input type="checkbox"/> | 11. I understand that I will not be authorized to transfer schools once I begin the ADO Program.   |
| <input type="checkbox"/> | 12. I understand that I will not be authorized to participate in foreign study (study abroad) to include the USACC Cultural Understanding and Language Proficiency Program.  |
| <input type="checkbox"/> | 13. I am not pending UCMJ actions, barred from reenlistment, or flagged IAW AR 600-8-2 nor have I been within the last three years.  |
| <input type="checkbox"/> | 14. I have not received assignment instructions, whether in CONUS OR OCONUS. If I receive assignment instructions during the time frame that I am applying for the Green to Gold ADO Program, I understand that I must contact my respective MOS branch manager at HRC-Fort Knox and inform that office about my pending application. I must also provide verification to the USACC Green to Gold program manager that I have contacted my branch manager. |

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

Signature of Green to Gold Applicant: \_\_\_\_\_

Date \_\_\_\_\_

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

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

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



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





**PLANNED ACADEMIC PROGRAM WORKSHEET**

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

**STATEMENT OF UNDERSTANDING**

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

Cadet \_\_\_\_\_

(FULL NAME, Last, First, MI)

is about to under take a formally structured program approved by \_\_\_\_\_

(Name of University or College)

designed to meet the requirements of a \_\_\_\_\_

(Type of Degree)

degree; that the degree to be attained is the culmination of an

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

\_\_\_\_\_  
(Date) (MM/DD/YYYY)

\_\_\_\_\_  
(CADET SIGNATURE)

\_\_\_\_\_  
(Date) (MM/DD/YYYY)

\_\_\_\_\_  
(PROFESSOR OF MILITARY SCIENCE SIGNATURE)

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

### Credit Hours

- a. Total required hours for degree **120**  
(Does not include ROTC)
- (1) ROTC Hours that do not count **20**  
(Include any ROTC hours that do not count towards the degree to ensure academic and military alignment is maintained)
- (2) Total Hours Required for NAPS **140**  
(120 + 20)

### Normal Academic Progression **17.50**

(The form auto-calculates how many hours per semester/quarter would be required to obtain degree in 8 quarters/12 Semesters. Do not modify)

- 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 **75**  
([Total Hours Req for NAPS] - [Transfer credit accepted + Credits towards degree comp to date])  
Example:  $(140 - (35 + 30) = 75)$
- e. Number of authorized semesters **4**  
(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)

**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.  
**Principle Purpose** Form is used to make transfer credits for the Green to Gold (G2G) program.  
**Routine Use** Form is used to obtain selection and eligibility information on applicants for the Green to Gold Program  
**Disclosure** Information provided on this form is mandatory, without the data provided on this form, the 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:

INSTITUTION NAME	HOURS	INSTITUTION NAME	HOURS

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 (Sophomore, Junior, or Graduate)

6. SIGNATURE OF STUDENT:	7. DATE: (MM/DD/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**

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



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

## **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 (0704-0396). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

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

**PRIVACY ACT STATEMENT**

**DODMERB USE ONLY**

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

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

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

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

**APPLICANT DATA**

1. DATE OF EXAMINATION (YYYYMMDD)		2. NAME (Last, First, Middle Initial)			3. SOCIAL SECURITY ACCOUNT NUMBER		
4. DATE OF BIRTH (YYYYMMDD)		5. AGE	6. SEX	7. RACE (Ethnic Group/Medically Significant)			
8. ADDRESS INFORMATION (If left blank will delay processing)				9. STATUS (X one)	10. EXAMINER ADDRESS AND FACILITY NUMBER.		
a. APPLICANT MAILING ADDRESS (Include ZIP Code)				ACTIVE DUTY			
Applicant's current mailing address				CIVILIAN			
				RESERVE/ GUARD			
b. ROTC DETACHMENT CODE (If applicable): <b>ADEP</b>							

**MEASUREMENTS**

11. HEIGHT (to nearest 1/4 inch)		12. WEIGHT (to nearest pound)		13. PULSE		14. BLOOD PRESSURE		14.a. REPEAT B/P IF >140/90. REPEAT PULSE IF >99. RECORD RESULTS HERE:							
STANDING	SITTING					SYSTOLIC	DIASTOLIC	SYSTOLIC	DIASTOLIC	PULSE					
15. AUDIOMETER												16. READING ALOUD TEST			
	600	1000	2000	3000	4000	6000		600	1000	2000	3000	4000	6000	SATISFACTORY	
RIGHT								LEFT						UNSATISFACTORY (Explain in Item 57)	
17. DISTANT VISION				18. MANIFEST REFRACTION (Required, regardless of corrected/uncorrected visual acuity)				19. NEAR VISION							
RIGHT 20/		CORR TO 20/		SPH	CYL	AXIS		20/	CORR TO 20/		BY				
LEFT 20/		CORR TO 20/		SPH	CYL	AXIS		20/	CORR TO 20/		BY				
20. HETEROPHORIA/TROPIA (Far only)				21. COVER TEST		22. COLOR VISION		MTF and MEPS only:		23. DEPTH PERCEPTION					
ESO <sup>Δ</sup>	EXO <sup>Δ</sup>	RH <sup>Δ</sup>	LH <sup>Δ</sup>	PASS (Non-Tropia)		PIP (14 plate test only)		Perform FALANT if applicant passes 11 or less on PIP. Document on DD Form 2489 or SF 600, recording FALANT results per protocol.		TEST USED		SCORE			
				FAIL (Tropia)		No. Passed				VTA-ND/OVT/AFVT					
						No. Failed				DPA-V					
										TITMUS/STEREO FLY (Arcs/second)					
24. NEAR POINT OF CONVERGENCE (in mm)				25. VIVID RED/GREEN (if item 22 passes 9 or less)				26. OCULAR MOTILITY AND BINOCULARITY (RED LENS TEST)							
				PASS		FAIL		PASS	FAIL	IF FAILED:	DIPLOPIA	SUPPRESSION			

**LABORATORY**

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

28. OTHER TESTS (Specify type and results)

**CLINICAL EVALUATION**

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

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

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

**Note to applicant - The following items MUST be completed or this form will be rejected:**

**Blocks 1-26 (to include sitting height and read aloud test)**

**Blocks 29-55 (Clinical Evaluation)**

**Block 58 and 59 OR Block 59 (If the exam is performed by a PA, PCNP, or FNP, it must be countersigned by a MD or DO)**

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

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

59. PHYSICIAN *(MD/DO)*

TYPED OR PRINTED NAME	DEGREE	SIGNATURE	DATE (YYYYMMDD)



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

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

TYPED OR PRINTED NAME OF EXAMINEE/APPLICANT	SIGNATURE OF EXAMINEE/APPLICANT	DATE SIGNED (YYYYMMDD)
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**85. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA.** Examiner shall comment on all "Yes" and blank answers, indicating the item number before each comment. Develop by interview any additional medical history deemed important, and record significant findings here. If additional space is required, continue on a separate sheet and attach to this form.

**Note to applicant - Ensure you sign/date block 84**

<b>86. EXAMINER</b>			<b>87. NUMBER OF ATTACHED SHEETS</b>
TYPED OR PRINTED NAME OF EXAMINER	SIGNATURE OF EXAMINER	DATE SIGNED (YYYYMMDD)	

## Green to Gold Waiver Authority Matrix

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

\* TIS/TSO and Civil Conviction (USACC CG Approval) **MUST** be submitted as soon as the applicant starts the application process. All other waivers should be submitted **AFTER** the Soldier is selected for the program  
 \*\* DA Form 4187s should be uploaded in the online application **AFTER** all digital signatures (up to BDE CDR) are received. Please do not email waivers requests and associated documents to the RMID staff.  
 \*\*\* 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 service obligation: \_\_\_\_\_ (AR 614-200, Table 4-1)

b. Discharge Date Requested: \_\_\_\_\_ (yy/mm)

Date Completed/Graduated AIT: \_\_\_\_\_ (yy/mm)

# of months since AIT: \_\_\_\_\_

c. # of months since AIT:

> # of months service obligation for AIT training, therefore AIT requirement met  
OR

< # of months service obligation for AIT training, therefore request waiver of  
\_\_\_\_\_ months

2. Most recent service obligation for additional specialized training:

Skill Identifier (ASI or SQI): \_\_\_\_\_

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

b. Discharge Date Requested: \_\_\_\_\_ (yy/mm)

Date Completed ASI/SQI course: \_\_\_\_\_ (yy/mm)

# of months since ASI/SQI course: \_\_\_\_\_

c. # of months since ASI/SQI:

> # of months TSO for ASI/SQI training, therefore requirement met  
OR

< # of months TSO for ASI/SQI training, therefore request TSO waiver of  
\_\_\_\_\_ months

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

## PERSONNEL ACTION

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

### DATA REQUIRED BY THE PRMACY ACT OF 1974

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

1. THRU (Include ZIP Code) HQ, CADET COMMAND ATTN: Green to Gold, Bldg. 1002 204 1 <sup>st</sup> Cavalry Regiment Road Ft. Knox, KY 40121	2. TO (Include ZIP Code) US Army Human Resources Command ATTN: KNOX-HRC-EPF-A 1600 Spearhead Division Avenue Ft. Knox, KY 40122-5306	3. FROM (Include ZIP Code) Your Command Info
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### SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) Your info	5. GRADE OR RANK/PMOS/AOC Your info	6. SOCIAL SECURITY NUMBER
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### SECTION II - DUTY STATUS CHANGE (AR600-8-6)

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

### SECTION III • REQUEST FOR PERSONNEL ACTION

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

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

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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### SECTION IV • REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. Soldier requests a Training Service Obligation (TSO) waiver for participation in the Green to Gold program. Applicants must have two years of active duty service as well as an additional three months of active duty service for every one month of specialized training received.

2. Soldier's MOS training for (MOS) was \_\_\_ months in length, requiring two years plus an additional \_\_\_ months active service.

3. Soldier is requesting a waiver of \_\_\_ months of the TOTAL service obligation to participate in the Green to Gold Program.

4. The following information is provided:

- a. BASD: MM/DD/YYYY
- b. ETS: MM/DD/YYYY
- c. School Name: (Enter university/college you are planning to attend)
- d. School Start Date: MM/DD/YYYY
- 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/YYYY (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.

### 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  Soldier's Company CDR	13. SIGNATURE		14. DATE (YYYYMMDD)	

15. NAME OF INDIVIDUAL Applicant's Name		16. SSN Applicant's SSN	
<b>ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>			
AUTHORITY	a. TO COMMANDER (Soldier's BN Info)	b. FROM COMMANDER (Soldier's Company Info)	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle) Soldier's BDE CDR		e. RANK Soldier's BDE CDR RANK	f. DATE (YYYYMMDD) DATE
g. TITLE/POSITION NAME Commander		h. SIGNATURE Soldier's BDE CDR SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

## PERSONNEL ACTION

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

### DATA REQUIRED BY THE PRMACY ACT OF 1974

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

1. THRU (Include ZIP Code) HQ, CADET COMMAND ATTN: Green to Gold, Bldg. 1002 204 1st Cavalry Regiment Road Ft. Knox, KY 40121	2. TO (Include ZIP Code) US Army Human Resources Command ATTN: KNOX-HRC-EPF-A 1600 Spearhead Division Avenue Ft. Knox, KY 40122-5306	3. FROM (Include ZIP Code) Your Command Info
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### SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) Your info	5. GRADE OR RANK/PMOS/AOC Your info	6. SOCIAL SECURITY NUMBER
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### SECTION II - DUTY STATUS CHANGE (AR600-8-6)

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

### SECTION III • REQUEST FOR PERSONNEL ACTION

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

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

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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### SECTION IV • REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. Soldier requests a Time in Service (TIS) for participation in the Green to Gold program. Applicants must have two years of active duty service at the time of separation (Scholarship) or school start date (ADO) to apply for the program.

2. The following information is provided:

- a. BASD: MM/DD/YYYY
- b. ETS: MM/DD/YYYY
- c. School Name: (Enter university/college you are planning to attend)
- d. School Start Date: MM/DD/YYYY
- 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/YYYY (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.

3. I have met all other eligibility requirements UP AR 145-1 for this program.

### 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  <b>Soldier's Company CDR</b>	13. SIGNATURE		14. DATE (YYYYMMDD)	

15. NAME OF INDIVIDUAL Applicant's Name		16. SSN Applicant's SSN	
<b>ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>			
AUTHORITY	a. TO COMMANDER (Soldier's BN Info)	b. FROM COMMANDER (Soldier's Company Info)	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle) Soldier's BDE CDR		e. RANK Soldier's BDE CDR RANK	f. DATE (YYYYMMDD) DATE
g. TITLE/POSITION NAME Commander		h. SIGNATURE Soldier's BDE CDR SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

**Sample Request for Civil Conviction Waiver ( ROTC BDE CDR Authority)**

<b>PERSONNEL ACTION</b>		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
<b>AUTHORITY:</b> Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended <b>PRINCIPAL PURPOSE:</b> To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8. <b>ROUTINE USES:</b> The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system. <b>DISCLOSURE:</b> Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.		
<b>1. THRU (Include ZIP Code)</b> <b>COMMANDER</b> <b>(ROTC BDE Information)</b>	<b>2. TO (Include ZIP Code)</b> <b>HQ, CADET COMMAND</b> <b>ATTN: RMID (Green to Gold)</b> <b>204 1st Cavalry Regiment Road</b> <b>Fort Knox, KY 40121</b>	<b>3. FROM (Include ZIP Code)</b> <b>Professor of Military Science</b> <b>(Program Information)</b>
SECTION I - PERSONAL IDENTIFICATION		
<b>4. NAME (Last, First, MI)</b> <b>Applicant's Name</b>	<b>5. GRADE OR RANK/PMOS/AOC</b> <b>Applicant's Rank/MOS</b>	<b>6. SOCIAL SECURITY NUMBER</b> <b>Applicant's SSN</b>
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)		
<b>7. The above Soldier's duty status is changed from _____ to _____</b> <div style="text-align: center;">effective _____ hours,</div>		
SECTION III - REQUEST FOR PERSONNEL ACTION		
<b>8. I request the following action: (Check as appropriate)</b>		
<input type="checkbox"/> Service School ( <i>Enl only</i> )	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training ( <i>Enl only</i> )	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment ( <i>Enl only</i> )	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other ( <i>Specify</i> )
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> Civil Conviction Waiver
<b>9. SIGNATURE OF SOLDIER (When required)</b>		<b>10. DATE (YYYYMMDD)</b>
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)		
<b>1. Soldiers require a Civil Conviction Waiver approved at ROTC BDE level for participation in the Green to Gold Program when that Soldier has received a Civil Conviction consisting of a punishment of fine only (even if expunged):</b>  <b>2. (Applicant's Rank/Name) is requesting a Civil Conviction waiver for (list offense and fine).</b>  <b>3. Additional Information</b>		
<div style="text-align: right; color: red; font-weight: bold;"> <b>NOTE: Applicant must submit Affidavit and all court Documents</b> </div>		
<div style="text-align: center; color: red; font-weight: bold;"> <b>NOTE:</b>  <b>PMS will RECOMMEND APPROVAL/DISAPPROVAL in BLOCK 11</b>  <b>BDE CDR will ACTION: APPROVED/DISAPPROVED in Block 15c</b> </div>		
SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL		
<b>11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -</b> <input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED		
<b>12. COMMANDER/AUTHORIZED REPRESENTATIVE</b>  <b>PMS RANK/NAME</b>	<b>13. SIGNATURE</b>  <b>PMS SIGNATURE</b>	<b>14. DATE (YYYYMMDD)</b>  <b>DATE</b>

15. NAME OF INDIVIDUAL Applicant's Name		16. SSN Applicant's SSN	
<b>ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>			
AUTHORITY	a. TO HQ, USACC, ATTN: RMID (Green to Gold) 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER (ROTC BDE Information)	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle) ROTC BDE CDR NAME		e. RANK ROTC BDE CDR RANK	f. DATE (YYYYMMDD) DATE
g. TITLE/POSITION Commander		h. SIGNATURE ROTC BDE CDR SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

**Sample Request for Civil Conviction Waiver (USACC CG Authority)**

<b>PERSONNEL ACTION</b>		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
<b>AUTHORITY:</b> Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended <b>PRINCIPAL PURPOSE:</b> To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8. <b>ROUTINE USES:</b> The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system. <b>DISCLOSURE:</b> Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.		
<b>1. THRU (Include ZIP Code)</b> <b>COMMANDER</b> <b>(ROTC BDE Information)</b>	<b>2. TO (Include ZIP Code)</b> <b>HQ, CADET COMMAND</b> <b>ATTN: RMID (Green to Gold)</b> <b>204 1st Cavalry Regiment Road</b> <b>Fort Knox, KY 40121</b>	<b>3. FROM (Include ZIP Code)</b> <b>Professor of Military Science</b> <b>(Program Information)</b>
SECTION I - PERSONAL IDENTIFICATION		
<b>4. NAME (Last, First, MI)</b> <b>Applicant's Name</b>	<b>5. GRADE OR RANK/PMOS/AOC</b> <b>Applicant's Rank/MOS</b>	<b>6. SOCIAL SECURITY NUMBER</b> <b>Applicant's SSN</b>
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)		
<b>7. The above Soldier's duty status is changed from _____ to _____</b> <b>_____ effective _____ hours, _____</b>		
SECTION III - REQUEST FOR PERSONNEL ACTION		
<b>8. I request the following action: (Check as appropriate)</b>		
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> Civil Conviction Waiver
<b>9. SIGNATURE OF SOLDIER (When required)</b>		<b>10. DATE (YYYYMMDD)</b>
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)		
<p><b>1. Soldiers require a Civil Conviction Waiver approved at USACC CG level for participation in the Green to Gold Program when that Soldier has received a Civil Conviction consisting of a punishment other than simple fine (even if expunged):</b></p> <p><b>2. (Applicant's Rank/Name) is requesting a Civil Conviction waiver for (list offense and fine).</b></p> <p><b>3. Additional Information</b></p>		
<b>Applicant must submit Affidavit and all court Documents</b>		
<p><b>NOTE:</b>  <b>PMS will RECOMMEND APPROVAL/DISAPPROVAL in BLOCK 11</b>  <b>BDE CDR will RECOMMEND APPROVAL/DISAPPROVAL in BLOCK 15c</b>  <b>USACC CG will ACTION: APPROVED/DISAPPROVED in BLOCK 15c</b></p>		
SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL		
<b>11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -</b> <input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED		
<b>12. COMMANDER/AUTHORIZED REPRESENTATIVE</b> <b>PMS RANK/NAME</b>	<b>13. SIGNATURE</b> <b>PMS SIGNATURE</b>	<b>14. DATE (YYYYMMDD)</b> <b>DATE</b>



15. NAME OF INDIVIDUAL Applicant's Name		16. SSN Applicant's SSN	
<b>ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>			
AUTHORITY	a. TO COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER (ROTC BDE Information)	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle) ROTC BDE CDR NAME		e. RANK ROTC BDE CDR RANK	f. DATE (YYYYMMDD) DATE
g. TITLE/POSITION Commander		h. SIGNATURE ROTC BDE CDR SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO HQ, USACC, ATTN: RMID (Green to Gold) 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle) USACC CG CDR NAME		e. RANK USACC CG CDR RANK	f. DATE (YYYYMMDD) DATE
g. TITLE/POSITION Commanding General		h. SIGNATURE USACC CG SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

**Sample Request for Standardized Test Scores Waiver (USACC CG Authority)**

<b>PERSONNEL ACTION</b>		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
<b>AUTHORITY:</b> Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended <b>PRINCIPAL PURPOSE:</b> To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8. <b>ROUTINE USES:</b> The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system. <b>DISCLOSURE:</b> Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.		
1. THRU (Include ZIP Code) <b>COMMANDER</b> (ROTC BDE Information)	2. TO (Include ZIP Code) HQ, CADET COMMAND ATTN: RMID (Green to Gold) 204 1st Cavalry Regiment Road Fort Knox, KY 40121	3. FROM (Include ZIP Code) Professor of Military Science (Program Information)
SECTION I - PERSONAL IDENTIFICATION		
4. NAME (Last, First, MI) Applicant's Name	5. GRADE OR RANK/PMOS/AOC Applicant's Rank/MOS	6. SOCIAL SECURITY NUMBER Applicant's SSN
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)		
7. The above Soldier's duty status is changed from _____ to _____ effective _____ hours, _____		
SECTION III - REQUEST FOR PERSONNEL ACTION		
8. I request the following action: (Check as appropriate)		
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify) <b>Standardized Test Score (SAT/ACT)</b>
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)		
1. Soldiers required a Standardized Test Score Waiver approved at the USACC CG Level for participation 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 requests a Standardized Test Score Waiver		
<b>NOTE:</b> PMS will RECOMMEND APPROVAL/DISAPPROVAL in BLOCK 11 BDE CDR will RECOMMEND APPROVAL/DISAPPROVAL in BLOCK 15c USACC CG will ACTION: APPROVED/DISAPPROVED in BLOCK 15c		
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 - <input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED		
12. COMMANDER/AUTHORIZED REPRESENTATIVE  PMS RANK/NAME	13. SIGNATURE  PMS SIGNATURE	14. DATE (YYYYMMDD)  DATE

5. NAME OF INDIVIDUAL Applicant's Name		16. SSN Applicant's SSN	
<b>ADDENDUM RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>			
AUTHORITY	a. TO COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER (ROTC BDE Information)	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle) ROTC BDE CDR NAME		e. RANK ROTC BDE CDR RANK	f. DATE (YYYYMMDD) DATE
g. TITLE/POSITION Commander		h. SIGNATURE ROTC BDE CDR SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO HQ, USACC, ATTN: RMID (Green to Gold) 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle) USACC CG CDR NAME		e. RANK USACC CG CDR RANK	f. DATE (YYYYMMDD) DATE
g. TITLE/POSITION Commanding General		h. SIGNATURE USACC CG SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

**Sample Request for Consolidated Grade Point Average Waiver (USACC CG Authority)**

<b>PERSONNEL ACTION</b>		
For use of this form, see PAM 600-8, the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
<b>AUTHORITY:</b>	Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended	
<b>PRINCIPAL PURPOSE:</b>	To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.	
<b>ROUTINE USES:</b>	The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.	
<b>DISCLOSURE:</b>	Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.	
1. THRU (Include ZIP Code) <b>COMMANDER</b> (ROTC BDE Information)	2. TO (Include ZIP Code) HQ, CADET COMMAND ATTN: RMID (Green to Gold) 204 1st Cavalry Regiment Road Fort Knox, KY 40121	3. FROM (Include ZIP Code) Professor of Military Science (Program Information)
SECTION I - PERSONAL IDENTIFICATION		
4. NAME (Last, First, MI) Applicant's Name	5. GRADE OR RANK/PMOS/AOC Applicant's Rank/MOS	6. SOCIAL SECURITY NUMBER Applicant's SSN
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)		
7. The above Soldier's duty status is changed from _____ to _____ effective _____ hours, _____		
SECTION III - REQUEST FOR PERSONNEL ACTION		
8. I request the following action: (Check as appropriate)		
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name, SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> CGPA Waiver
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)		
<p>1. Soldiers required a Consolidated Grade Point Average (CGPA) Waiver approved at the USACC CG Level for participation in the Green to Gold program when that Soldier has a CGPA between 2.00-2.49.</p> <p>2. (Soldier's RANK Name) has a CPGA of _____ and therefore requests a CPGA Waiver</p>		
<p><b>NOTE:</b>                  PMS will RECOMMEND APPROVAL/DISAPPROVAL in BLOCK 11                  BDE CDR will RECOMMEND APPROVAL/DISAPPROVAL in BLOCK 15c                  USACC CG will ACTION: APPROVED/DISAPPROVED in BLOCK 15c</p>		
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 -		
<input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED		
12. COMMANDER/AUTHORIZED REPRESENTATIVE PMS RANK/NAME	13. SIGNATURE PMS SIGNATURE	14. DATE (YYYYMMDD) DATE

15. NAME OF INDIVIDUAL Applicant's Name		16. SSN Applicant's SSN	
<b>ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>			
AUTHORITY	a. TO COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER (ROTC BDE Information)	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle) ROTC BDE CDR NAME		e. RANK ROTC BDE CDR RANK	f. DATE (YYYYMMDD) DATE
g. TITLE/POSITION Commander		h. SIGNATURE ROTC BDE CDR SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO HQ, USACC, ATTN: RMID (Green to Gold) 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle) USACC CG CDR NAME		e. RANK USACC CG CDR RANK	f. DATE (YYYYMMDD) DATE
g. TITLE/POSITION Commanding General		h. SIGNATURE USACC CG SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

**Sample Request for Reenrollment Waiver (Age 30-32 BDE CDR Authority)**

<b>PERSONNEL ACTION</b>		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
<b>AUTHORITY:</b>	Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended	
<b>PRINCIPAL PURPOSE:</b>	To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.	
<b>ROUTINE USES:</b>	The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.	
<b>DISCLOSURE:</b>	Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.	
1. THRU (Include ZIP Code) <b>COMMANDER</b> (ROTC BDE Information)	2. TO (Include ZIP Code) <b>HQ, CADET COMMAND</b> <b>ATTN: RMID (Green to Gold)</b> <b>204 1st Cavalry Regiment Road</b> <b>Fort Knox, KY 40121</b>	3. FROM (Include ZIP Code) <b>Professor of Military Science</b> (Program Information)
SECTION I - PERSONAL IDENTIFICATION		
4. NAME (Last, First, MI) <b>Applicant's Name</b>	5. GRADE OR RANK/PMOS/AOC <b>Applicant's Rank/MOS</b>	6. SOCIAL SECURITY NUMBER <b>Applicant's SSN</b>
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)		
7. The above Soldier's duty status is changed from _____ to _____ effective _____ hours, _____		
SECTION III - REQUEST FOR PERSONNEL ACTION		
8. I request the following action: (Check as appropriate)		
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> <b>Reenrollment Waiver</b>
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)		
<p>1. Soldiers required a Reenrollment Waiver approved at ROTC BDE Level for participation in the Green to Gold program when that Soldier was previously disenrolled from either the Army ROTC Basic Course or Advance Course.</p> <p>2. (Soldier's RANK Name) information:</p> <p style="margin-left: 40px;">a. Date of Disenrollment-</p> <p style="margin-left: 40px;">b. MS Level at time of Disenrollment-</p> <p style="margin-left: 40px;">c. Reason for Disenrollment-</p> <p style="margin-left: 40px;">d. Remaining Service or Scholarship debts-</p>		
<div style="border: 1px solid red; padding: 5px; color: red; width: fit-content; margin: 0 auto;"> <b>NOTE:</b>                      Applicant must provide DD FORM 785                 </div>		
<div style="border: 1px solid red; padding: 5px; color: red; width: fit-content; margin: 0 auto;"> <b>NOTE:</b>                      PMS will RECOMMEND APPROVAL/DISAPPROVAL in BLOCK 11                      BDE CDR will ACTION: APPROVED/DISAPPROVED in Block 15c                 </div>		
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 -		
<input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED		
12. COMMANDER/AUTHORIZED REPRESENTATIVE <b>PMS RANK/NAME</b>	13. SIGNATURE <b>PMS SIGNATURE</b>	14. DATE (YYYYMMDD) <b>DATE</b>

15. NAME OF INDIVIDUAL Applicant's Name		16. SSN Applicant's SSN	
<b>ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>			
AUTHORITY	a. TO HQ, USACC, ATTN: RMID (Green to Gold) 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER (ROTC BDE Information)	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle) ROTC BDE CDR NAME		e. RANK ROTC BDE CDR RANK	f. DATE (YYYYMMDD) DATE
g. TITLE/POSITION Commander		h. SIGNATURE ROTC BDE CDR SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

**Sample Request for Dependency Waiver ( ROTC BDE CDR Authority)**

<b>PERSONNEL ACTION</b>		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
<b>AUTHORITY:</b> Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended <b>PRINCIPAL PURPOSE:</b> To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8. <b>ROUTINE USES:</b> The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system. <b>DISCLOSURE:</b> Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.		
<b>1. THRU (Include ZIP Code)</b> <b>COMMANDER</b> <b>(ROTC BDE Information)</b>	<b>2. TO (Include ZIP Code)</b> <b>HQ, CADET COMMAND</b> <b>ATTN: RMID (Green to Gold)</b> <b>204 1st Cavalry Regiment Road</b> <b>Fort Knox, KY 40121</b>	<b>3. FROM (Include ZIP Code)</b> <b>Professor of Military Science</b> <b>(Program Information)</b>
SECTION I - PERSONAL IDENTIFICATION		
<b>4. NAME (Last, First, MI)</b> <b>Applicant's Name</b>	<b>5. GRADE OR RANK/PMOS/AOC</b> <b>Applicant's Rank/MOS</b>	<b>6. SOCIAL SECURITY NUMBER</b> <b>Applicant's SSN</b>
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)		
<b>7. The above Soldier's duty status is changed from _____ to _____</b> <b>_____ effective _____ hours, _____</b>		
SECTION III - REQUEST FOR PERSONNEL ACTION		
<b>8. I request the following action: (Check as appropriate)</b>		
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> <b>Dependency Waiver</b>
<b>9. SIGNATURE OF SOLDIER (When required)</b>		<b>10. DATE (YYYYMMDD)</b>
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)		
<p><b>1. Soldiers require a Dependency Waiver approved at ROTC BDE level for participation in the Green to Gold Program when that Soldier: has more than 3 dependents, is the non-custodial parent, and/or is dual military with dependent(s) under 18 years of age</b></p> <p><b>2. (Applicant's RANK Name) is/has (choose from one or more of the three options above) therefore is requesting a Dependency Waiver.</b></p>		
<p><b>NOTE:</b>  <b>PMS will RECOMMEND APPROVAL/DISAPPROVAL in BLOCK 11</b>  <b>BDE CDR will ACTION: APPROVED/DISAPPROVED in Block 15c</b></p>		
SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL		
<b>11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -</b> <input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED		
<b>12. COMMANDER/AUTHORIZED REPRESENTATIVE</b> <b>PMS RANK/NAME</b>	<b>13. SIGNATURE</b> <b>PMS SIGNATURE</b>	<b>14. DATE (YYYYMMDD)</b> <b>DATE</b>



15. NAME OF INDIVIDUAL Applicant's Name		16. SSN Applicant's SSN	
<b>ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>			
AUTHORITY	a. TO HQ, USACC, ATTN: RMID (Green to Gold) 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER (ROTC BDE Information)	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle) ROTC BDE CDR NAME		e. RANK ROTC BDE CDR RANK	f. DATE (YYYYMMDD) DATE
g. TITLE/POSITION Commander		h. SIGNATURE ROTC BDE CDR SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

Sample Request for Dependency Waiver (USACC CG Authority)

<b>PERSONNEL ACTION</b>		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
<b>AUTHORITY:</b> Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended <b>PRINCIPAL PURPOSE:</b> To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8. <b>ROUTINE USES:</b> The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system. <b>DISCLOSURE:</b> Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.		
<b>1. THRU (Include ZIP Code)</b> <b>COMMANDER</b> <b>(ROTC BDE Information)</b>	<b>2. TO (Include ZIP Code)</b> <b>HQ, CADET COMMAND</b> <b>ATTN: RMID (Green to Gold)</b> <b>204 1st Cavalry Regiment Road</b> <b>Fort Knox, KY 40121</b>	<b>3. FROM (Include ZIP Code)</b> <b>Professor of Military Science</b> <b>(Program Information)</b>
SECTION I - PERSONAL IDENTIFICATION		
<b>4. NAME (Last, First, MI)</b> <b>Applicant's Name</b>	<b>5. GRADE OR RANK/PMOS/AOC</b> <b>Applicant's Rank/MOS</b>	<b>6. SOCIAL SECURITY NUMBER</b> <b>Applicant's SSN</b>
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)		
<b>7. The above Soldier's duty status is changed from _____ to _____</b> <b>effective _____ hours,</b>		
SECTION III - REQUEST FOR PERSONNEL ACTION		
<b>8. I request the following action: (Check as appropriate)</b>		
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> Dependency Waiver
<b>9. SIGNATURE OF SOLDIER (When required)</b>		<b>10. DATE (YYYYMMDD)</b>
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)		
<b>1. Soldiers required a Dependency Waiver approved at the USACC CG Level for participation in the Green to Gold program when that Soldier is: the sole parent of a dependent(s) under the age of 18 or has joint custody of a dependent(s) under the age of 18.</b>  <b>2. (Soldier's RANK Name) is/ has (choose from one of the 2 options above) and therefore requests a Dependency Waiver</b>		
<b>NOTE:</b> <b>PMS will RECOMMEND APPROVAL/DISAPPROVAL in BLOCK 11</b> <b>BDE CDR will RECOMMEND APPROVAL/DISAPPROVAL in BLOCK 15c</b> <b>USACC CG will ACTION: APPROVED/DISAPPROVED in BLOCK 15c</b>		
SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL		
<b>11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -</b> <input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED		
<b>12. COMMANDER/AUTHORIZED REPRESENTATIVE</b> <b>PMS RANK/NAME</b>	<b>13. SIGNATURE</b> <b>PMS SIGNATURE</b>	<b>14. DATE (YYYYMMDD)</b> <b>DATE</b>

15. NAME OF INDIVIDUAL Applicant's Name		16. SSN Applicant's SSN	
<b>ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>			
AUTHORITY	a. TO COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER (ROTC BDE Information)	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle) ROTC BDE CDR NAME		e. RANK ROTC BDE CDR RANK	f. DATE (YYYYMMDD) DATE
g. TITLE/POSITION Commander		h. SIGNATURE ROTC BDE CDR SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO HQ, USACC, ATTN: RMID (Green to Gold) 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle) USACC CG CDR NAME		e. RANK USACC CG CDR RANK	f. DATE (YYYYMMDD) DATE
g. TITLE/POSITION Commanding General		h. SIGNATURE USACC CG SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			

Sample Request for AFS Waiver (USACC CG Authority)

<b>PERSONNEL ACTION</b>		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
<b>AUTHORITY:</b> Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended		
<b>PRINCIPAL PURPOSE:</b> To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.		
<b>ROUTINE USES:</b> The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.		
<b>DISCLOSURE:</b> Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.		
<b>1. THRU</b> (Include ZIP Code) <b>COMMANDER</b> (ROTC BDE Information)	<b>2. TO</b> (Include ZIP Code) HQ, CADET COMMAND ATTN: RMID (Green to Gold) 204 1st Cavalry Regiment Road Fort Knox, KY 40121	<b>3. FROM</b> (Include ZIP Code) Professor of Military Science (Program Information)
SECTION I - PERSONAL IDENTIFICATION		
<b>4. NAME</b> (Last, First, MI) Applicant's Name	<b>5. GRADE OR RANK/PMOS/AOC</b> Applicant's Rank/MOS	<b>6. SOCIAL SECURITY NUMBER</b> Applicant's SSN
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)		
7. The above Soldier's duty status is changed from _____ to _____ effective _____ hours, _____		
SECTION III - REQUEST FOR PERSONNEL ACTION		
8. I request the following action: (Check as appropriate)		
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify) Active Federal Service (AFS)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)		
<p>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</p> <p>2. (Soldier's RANK Name) will have _____ years and _____ months of Active Federal Service at projected time of commission and therefore requests an AFS Waiver</p>		
<p><b>NOTE:</b>  PMS will RECOMMEND APPROVAL/DISAPPROVAL in BLOCK 11  BDE CDR will RECOMMEND APPROVAL/DISAPPROVAL in BLOCK 15c  USACC CG will ACTION: APPROVED/DISAPPROVED in BLOCK 15c</p>		
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 - <input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED		
12. COMMANDER/AUTHORIZED REPRESENTATIVE  PMS RANK/NAME	13. SIGNATURE  PMS SIGNATURE	14. DATE (YYYYMMDD)  DATE

15. NAME OF INDIVIDUAL Applicant's Name		16. SSN Applicant's SSN	
<b>ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>			
AUTHORITY	a. TO COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER (ROTC BDE Information)	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle) ROTC BDE CDR NAME		e. RANK ROTC BDE CDR RANK	f. DATE (YYYYMMDD) DATE
g. TITLE/POSITION Commander		h. SIGNATURE ROTC BDE CDR SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO HQ, USACC, ATTN: RMID (Green to Gold) 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle) USACC CG CDR NAME		e. RANK USACC CG CDR RANK	f. DATE (YYYYMMDD) DATE
g. TITLE/POSITION Commanding General		h. SIGNATURE USACC CG SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			
AUTHORITY	a. TO	b. FROM	
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED      RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
d. NAME (Last, First, Middle)		e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION		h. SIGNATURE	
i. COMMENTS			