



UNITED STATES MARINE CORPS
 OFFICER SELECTION OFFICE LOS ANGELES
 3373 SOUTH HOOVER STREET, BLDG. H
 LOS ANGELES, CALIFORNIA 90007

From: Officer Selection Officer, Officer Selection Team, Los Angeles, CA. 90007
 To: Prospective Applicant

Subj: MARINE CORPS COMMISSIONING PROGRAM APPLICATION

1. This application and checklist of documents are required for submission in order to apply and compete for selection to attend Officer Candidates School. The application should be returned by the agreed upon time if you are considering taking part in this competitive program. All documents can be faxed, emailed or submitted in person. Your commitment in completing the basic requirement is the first impression we will have to evaluate your standing as an Officer Candidate.

Application Form

Scheduled Submission Date

- Basic Information, p. 1-2
- Family Data, p. 3
- Extracurricular Activities, p. 4
- Level of Activity, p. 5
- Military Service Data, p. 6
- Drug Statement, p. 7
- Traffic Violations Form, p. 8
- Police Involvement/Arrests, p. 9
- Employment Data, p. 10
- Essay, p. 11
- Signature Form, p. 12
- Privacy Act Statement, p. 13
- Academic Certification Form (ACF), p. 18-19
(Not required for college graduates)
- Reference Sheet, p. 20
- Personal Information Questionnaire (PIQ) x5
- Personal Biography / Resume

APPLICATION PAGES 1-13

(ACF ONLY)

[D][P][P][E][O]

Checklist for All Applicants

- Pre-Medical Screening (680/2807)
- Medical Examination
- Physical Fitness Test
- Photograph in Business Casual Attire (Non Mil)
- Social Security Card (Original & Signed)
- Birth Certificate (Original)
- Official Transcripts (All Colleges Attended)
- Verification of Enrollment
- Qualifying Test Score ASVAB \geq 74, ACT \geq 22 or
SAT \geq 1000 (Math + Reading)
- Immunization Records (Any period)
- Direct Deposited Form

OCC Applicants Only

- SF86 Security Clearance
- Finger Print Card (Completed at OSO Office)
- College Diploma/Certification of Graduation
(Original)
- Vehicle Registration (If driving to OCS)
- Vehicle Inspection (If driving to OCS;
Completed by OSO)
- Proof of Insurance (If driving to OCS)

Female Applicants Only

- PAP-Smear Results
(Within 12 Months of Application)

Aviation Option Only

- Aviation Selection Test Battery
(ASTB) AQT: 4; PFAR: 6
- Aviation Physical (NAMI Approval/4 months)

Scheduled Submission Date

LAW Option Only

- State Bar Acceptance Letter
- Law School Administration Test Score \geq 150
- Sign Request for Appoint
(Sample Provided by OSO)
- Acceptance to/or Law Degree from
Accredited Law School

Military Reserve Personal

- Photograph in Service "A" Uniform
- Service Record (Certified Copy)
- Medical Record (HIV, 2807 & 2808,
Certified Copy)
- Condition Release Form/DD Form 386
- Inspector & Instructor PIQ
- Official Military Personnel File
(E-5 & Above; USMC Only)
- Proficiency & Conduct Marks or Equivalent
(E-4 & Below)

Prior Service Military

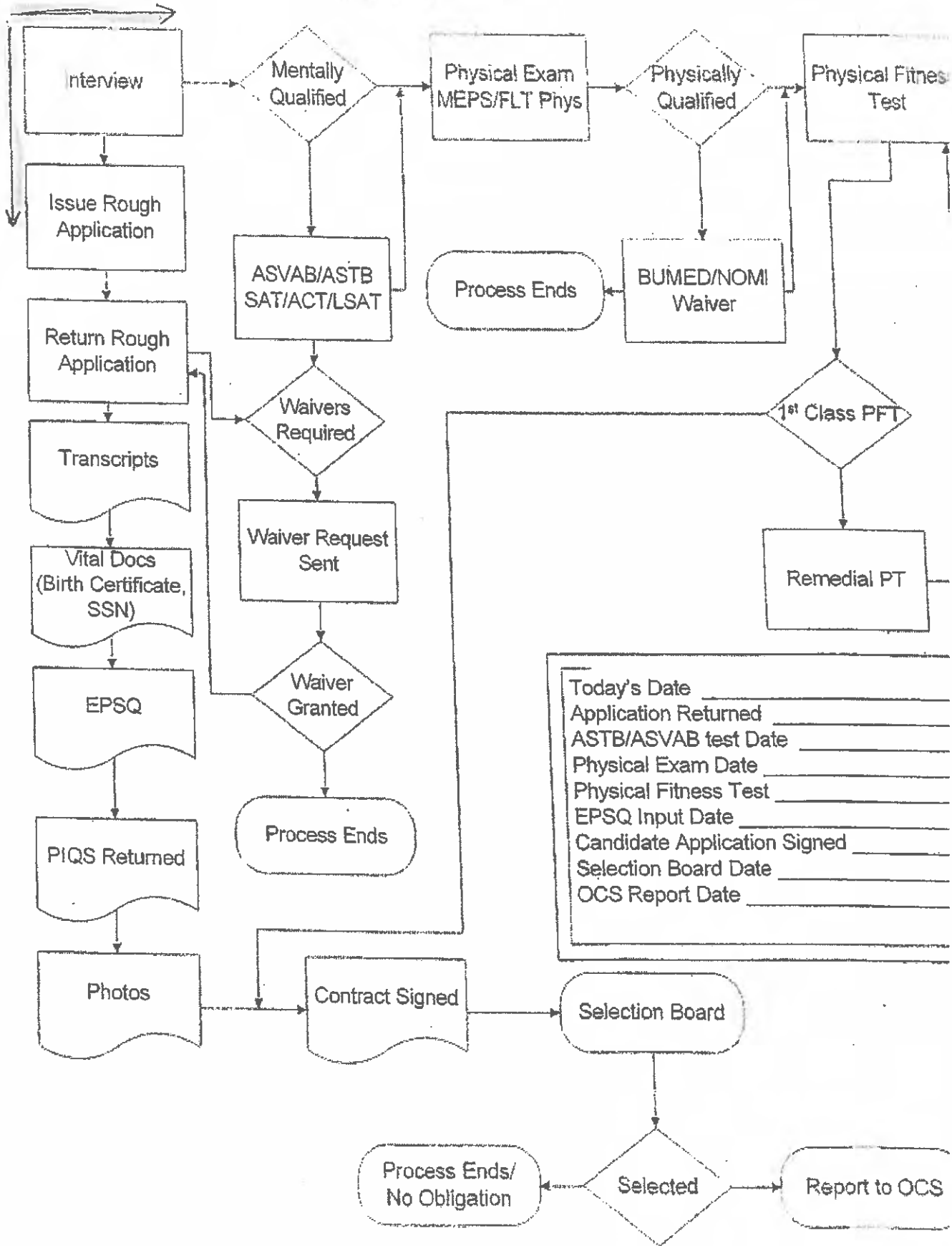
- Certificate of Release or Discharge from
Active Duty/DD Form 214
- Veterans Affairs Disability Information
(If Applicable)
- Official Military Personnel File
(E-5 & Above; USMC Only)

All Applicants (If Applicable)

- Photograph in Military PT Gear/Body Fat
- Tattoo Description Statement
(Hand Digital & Hand Written; What, When,
Where, Why, What it means)
- Tattoo/Body Marking Photos
(Male Applicants Only)
- Hand Drawing of Tattoo/Body Marking Photos
(Female Applicants Only)
- Marriage, Birth Certificate & Social Security
Card (All Dependents/Original & Signed)
- Divorce Decree
- Naturalization Certificate
- Certificate of Proof of Citizenship of
Foreign-Born Applicant
(Completed at OSO Office)
- Medical History Documentation
(For all pre-existing medical conditions)
- Court Documentation for Civilian Conviction
- Hand Written Statement for Civilian Conviction
- Spousal Support Statement
- Financial Support State
(Married Applicants Only)
- Adoption Decree
- Courts Support Order & Proof of payment
- Disenrollment Documentation from any
Military Program
(OCC, DEP, ROTC, Naval Academy)

Applicant Signature & Date

Officer Candidate Action Plan



Today's Date	_____
Application Returned	_____
ASTB/ASVAB test Date	_____
Physical Exam Date	_____
Physical Fitness Test	_____
EPSQ Input Date	_____
Candidate Application Signed	_____
Selection Board Date	_____
OCS Report Date	_____

MARINE CORPS OFFICER PROGRAM APPLICATION PAGE 1

Please print the requested information in a neat and legible manner. Do not leave any sections blank. If you have any questions, contact us at 213.746.6141/6375/6425/6437.

BASIC INFORMATION – (Use your birth certificate name, not your nickname)

LAST: _____ FIRST: _____ MIDDLE: _____

ALIAS, NICKNAMES, OR NAME CHANGES: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

PLACE OF BIRTH (CITY/COUNTY/STATE): _____

SEX: _____ RACE: _____ CITIZENSHIP: _____

HEIGHT IN INCHES: _____ WEIGHT: _____ RELIGION (OPTIONAL): _____

DEPENDANT INFORMATION (IF APPLICABLE)

SPOUSE NAME: _____

CIRCLE ONE: SINGLE MARRIED SEPARATED DIVORCED

TOTAL DEPENDANTS NOT INCLUDING YOURSELF: 0 1 2 3 4

ADDRESSES

LOCAL ADDRESS (STREET, CITY, COUNTY STATE & ZIP CODE):

LOCAL NUMBER: _____ CELL PHONE: _____

PERMANENT ADDRESS (STREET, CITY, COUNTY, STATE, & ZIP CODE):

PERMANENT OR PARENTS' NUMBER: _____

E-MAIL ADDRESS: _____

Facebook: _____ Myspace: _____

Screen name: _____

MARINE CORPS OFFICER PROGRAM APPLICATION PAGE 3

FAMILY DATA

LIST ALL MEMBERS OF YOUR FAMILY WHO HAVE SERVED OR ARE SERVING IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES.

NAME (Last, First Initial)	RELATIONSHIP	RANK	BRANCH

SCHOOLS ATTENDED SINCE THE AGE OF 12 (BEGINNING WITH MOST RECENT AND CONTINUING IN REVERSE CHRONOLOGICAL ORDER):

FROM (MONTH & YEAR)	TO	NAME OF SCHOOL	FULL ADDRESS	GRAD DATE/DEGREE

MARINE CORPS OFFICER PROGRAM APPLICATION PAGE 4

LIST ANY EXTRACURRICULAR HIGH SCHOOL ACTIVITIES YOU PARTICIPATED IN (INCLUDE FROM MONTH/YEAR TO MONTH/YEAR):

LIST ANY EXTRACURRICULAR COLLEGE ACTIVITIES YOU PARTICIPATED IN (INCLUDE FROM MONTH/YEAR TO MONTH/YEAR):

LIST ALL SPECIAL INTERESTS AND HOBBIES YOU PARTICIPATED IN (INCLUDE FROM MONTH/YEAR TO MONTH/YEAR OR PRESENT):

DO YOU SPEAK A FOREIGN LANGUAGE? (CHECK ALL THAT APPLY):

WHAT LANGUAGE: _____ READ WRITE SPEAK

LEVEL OF ACTIVITY STATEMENT

A level of Activity (LOA) statement is helpful in determining your physical capabilities or limitations. The information provided must be accurate and true to the best of your knowledge.

Print all information requested. Sign in the space provided. (USE THE BACK OF THIS PAGE AS NEEDED)

1. What physical activities are you currently involved in? Including individual and team sports as well as anything physically demanding at your job.

2. How many times per week and for how long do you participate in each activity?

3. Do you have any physical limitations that would interfere or restrict you in any way from performing strenuous physical activity? If "YES", explain in detail.

4. Have you ever had sports or physical activities injuries? If "YES", explain in detail.

5. List all surgical, chiropractic or other medical care that you required help for, other than minor conditions (e.g., the flu), within the last two years.

6. Is there any reasons that you could not fully participate at OCS or be commissioned as a United States Marine Corps Officer as scheduled? If "YES", explain in detail.

Printed name of applicant: SSN:

Signature of applicant: _____ Date signed:

MARINE CORPS OFFICER PROGRAM APPLICATION PAGE 6

MILITARY SERVICE DATA:

I HAVE NEVER BEEN A MEMBER OF THE ARMED FORCES _____ (INITIALS)

<u>BRANCH</u>	<u>UNIT</u>	<u>RANK</u>	<u>DATE ENLISTED</u>	<u>DATE DISCHARGED</u>	<u>TYPE OF DISCHARGE</u>

REENLISTMENT CODE AS LISTED ON DD214: _____

CIRCLE EITHER YES / NO BELOW:

1. Have you ever applied for or been a member of any ROTC or other type of Officer Candidate Program? Y / N
2. Have you ever failed in any military flight training program? Y / N
3. Have you every previously applied for the Armed Forces Y / N Yes, Branch: _____
4. Have you ever been rejected for enlistment or reenlistment in any branch of the Armed Forces? Y / N
5. Have you ever claimed or been granted a pension, disability allowance, compensation or retired pay from the Federal Government? Y / N
6. Are you a "sole surviving" son? Y / N
7. Have you ever been the subject of a Court Martial or Article 15 (Non-Judicial Punishment)? Y / N

MARINE CORPS OFFICER PROGRAM APPLICATION PAGE 8

MINOR TRAFFIC VIOLATIONS

LIST ALL MINOR TRAFFIC VIOLATIONS AND PROVIDE THE INFORMATION REQUESTED BELOW. IF YOU ARE UNSURE OF THE INFORMATION, WRITE AS MUCH AS YOU CAN RECALL.

ALCOHOL RELATED TRAFFIC OFFENSE(S) IS/ARE NOT CONSIDERED MINOR TRAFFIC VIOLATIONS. REPORT ALL ALCOHOL RELATED EVENTS ON THE NEXT PAGE. IF NONE, STATE "NONE."

1. Month and year of violation
2. Place where the violation occurred (city and state)
3. Original charge
4. Charge which convicted or to which a guilty plea was entered
5. Penalty or other disposition (if fined, indicate amount)

FIRST OFFENSE

1. _____
2. _____
3. _____
4. _____
5. _____

SECOND OFFENSE

1. _____
2. _____
3. _____
4. _____
5. _____

THIRD OFFENSE

1. _____
2. _____
3. _____
4. _____
5. _____

FOURTH OFFENSE

1. _____
2. _____
3. _____
4. _____
5. _____

FIFTH OFFENSE

1. _____
2. _____
3. _____
4. _____
5. _____

SIXTH OFFENSE

1. _____
2. _____
3. _____
4. _____
5. _____

MARINE CORPS OFFICER PROGRAM APPLICATION PAGE 10

EMPLOYMENT DATA

List all periods of employment that you have had:

FROM (Month & Year)	TO	NAME OF BUSINESS & FULL ADDRESS	IMMEDIATE SUPERVISOR	REASON FOR LEAVING	POSITION HELD	TELEPHONE

Describe any job position mentioned above where you were given special trust and confidence or any management experiences you held for the company you were or currently employed.

MARINE CORPS OFFICER PROGRAM APPLICATION PAGE 12

I certify that the information provided by me in this application is true, accurate and complete to the best of my knowledge, and is made in good faith. I understand that making a knowingly false statement may result in a fraudulent enlistment, which can carry a fine or period of imprisonment, or both. (U.S. Code, Title 18, Section 1001):

(Signature of Applicant)

(Date)

PRIVACY ACT STATEMENT PAGE 13

The authority to request this information is contained in Section(s) 505, 508, and 510 under Title 10 of the United States Code; which prescribes qualifications for enlistment into the Armed Forces of the United States.

The information you provide will only be released to authorized personnel involved in the selection process of your application. Any and all information acquired is FOR OFFICIAL USE ONLY and will be maintained in accordance with Federal Law.

Any and all information acquired by this office whether by telephone or in writing will be used to determine your suitability as a Marine Corps Officer.

1. I authorize the Department of Defense, its persons and or agencies, full authority to release any and all personal information contained herein, to include any information that may be acquired during the application process, for the purposes of selection to the program for which I am applying.
2. I acknowledge receipt, and declare full understanding of the above statements.

(Printed Name of Applicant LAST, FIRST MI)

(Social Security Number)

(Signature of Applicant)

(Date)

MPPM OFFPROC

STATEMENT REGARDING DENTAL REQUIREMENTS
PRIOR TO ATTENDING OFFICER CANDIDATE SCHOOL

I HAVE BEEN INFORMED BY MY OFFICER SELECTION OFFICER THAT IT IS MY PERSONAL RESPONSIBILITY TO ENSURE THAT ALL DENTAL DEFECTS ARE CORRECTED AND **ORTHODONTIC APPLIANCES ARE REMOVED PRIOR TO REPORTING TO TRAINING.** FAILURE TO OBTAIN A DENTAL EXAMINATION FROM A QUALIFIED DENTIST AND CORRECTION OF ANY DEFICIENCIES, TO INCLUDE CARIES (CAVITIES), PARTIAL PLATES, CAPS, ROOT CANALS AND EXTRACTATIONS, MAY BE GROUNDS FOR MY DISENROLLMENT PRIOR TO THE COMMENCEMENT OF TRAINING AT OFFICER CANDIDATE SCHOOL, MARINE CORPS COMBAT DEVELOPMENT COMMAND, QUANTICO, VIRGINIA.

SIGNATURE OF OFFICER

SIGNATURE OF APPLICANT

DATE

DATE

(THE CURSORY DENTAL CHECK RECEIVED AT A MILITARY ENTRANCE PROCESSING STATION (MEPS) DOES NOT CONSTITUTE A PROPER DENTAL EXAMINATION PER THE MEDICAL PROVISIONS OF THE OFFICER CANDIDATE PROGRAM.)

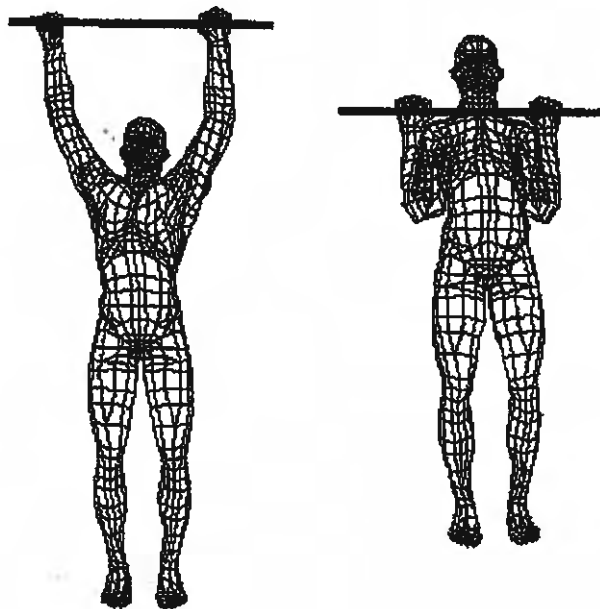
PHYSICAL FITNESS TEST (PFT) INFORMATION

Before we can submit your final application, you must pass a Marine Corps PFT. It is wise to start practicing now in order to submit the most competitive score you can. Do not be discouraged if your first few attempts aren't very impressive. We will help you do your best.

Events: Male: Pull-ups, Crunches, and a Three Mile Run
Female: Flexed arm hang, Crunches, and a Three Mile Run

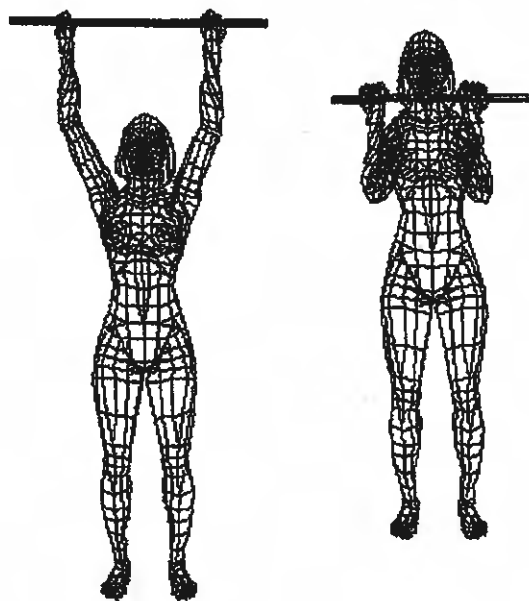
Standards: All the events, pull-ups, flexed arm hang, crunches, and the three mile run have specific requirements in order to be scored correctly.

Pull-ups: To perform a pull-up the participant may be assisted to the bar by a step up, by being lifted, or by jumping up to the bar. The force of a jump may not be used for the first pull-up. The bar is grasped with both palms facing in the same direction, either in or out. The arms are fully extended and the feet are free from the ground. One repetition consists of raising the body with the arms until the chin is above the bar then lowering until the arms are fully extended again. Repeat as many times as possible. Note: any kicking or rocking motion is not permitted. The body may be kept from swinging by an assistant holding an extended arm across the front of the knees. Hand position may be changed during the exercise providing the individual does not dismount the bar, or receive assistance from anyone else. Resting is permitted in the up or down position but resting the chin on the bar is not allowed. The score is based upon how many pull-ups were done correctly.



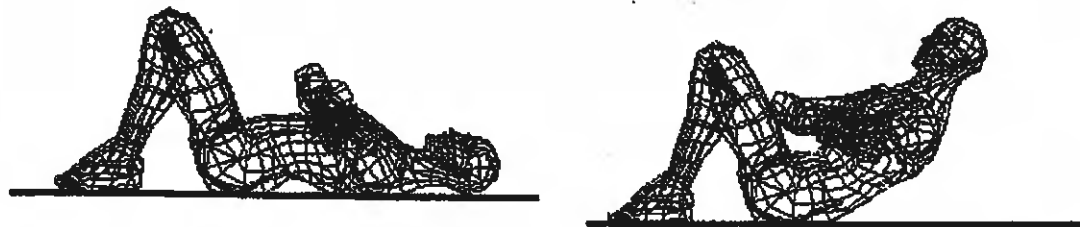
Male pull-up

Flexed arm hang: The participant stands on a support or, if necessary, is assisted by others to reach the starting position. The bar may be grasped with palms facing in or out, but both palms must face in the same direction. Start with the elbows bent so the chin is above or level with the bar. Once the participant is set in their starting position the support or assistance is removed. The participant attempts to hang there for as long as possible without letting her chin rest on the bar, or letting her elbows straighten. The score is the length of time in seconds that both elbows are maintained in a bent position. The chin may not rest on the bar during the exercise.



Female flexed arm hang

Crunches: The starting position: participants lie on their backs (supine position) with legs bent at the knees and both feet flat on the ground. Arms are crossed over the lower rib. Arms must not separate from the chest during the exercise. One repetition consists of raising the upper body from the supine position until the forearms touch both legs then returning to the supine position. Repeat as many times possible within two minutes. It is necessary for the feet and buttocks to remain in constant contact with the ground. Upon return to the supine position the shoulder blades must touch the ground to complete the repetition. The head does not need to touch the ground. An assistant may grasp the participant's feet or legs below the knees -- whichever manner is more comfortable for the participant. Kneeling or sitting on the feet is permitted. Participants may rest in either the up or down position.



Crunches

3 mile run: Males and females both run three miles. The objective of this event is to complete the measured distance as quickly as possible.

POINT SYTEM AND SCORING

A PFT score is the combination of all events. The maximum score for a PFT is 300 points. There are 100 points possible for each event.

- Pull-ups:** Pull-up's are worth 5 points each. You are limited to 20 pull-ups for the maximum score of 100.
- Flexed arm hang:** Every second is worth 1 point until 40 seconds, thereafter every second is worth 2 points. The maximum value is 70 seconds for 100 points.
- Crunches:** Crunches are worth 1 point each. The time limit is 2 minutes. Your are limited to 100 crunches for a maximum score of 100 points.
- 3 mile run:** Males must finish in 18 minutes or less in order to achieve the maximum score. Females in 21 minutes or less. For every 10 seconds thereafter subtract 1 point from the maximum of 100 points. For example: A male finishes his run at 18:04, his score is 99. One point was deducted for the 1st 10 second increment after his 18 allotted minutes.

HELPFUL HINTS

In order to obtain the best possible score, you must practice for the PFT. This does not mean running on a treadmill, doing cardio workouts at the gym, or doing any other sort of fancy conditioning routine. In order to increase pull-ups & hang time, you must find a bar and practice. In order to increase the number of crunches you must do 100 crunches every night – crunches are gained quickly, but lost just as quickly if you don't do them. In order to lower your run time, you must get out there and run.



UNITED STATES MARINE CORPS

RECRUITING STATION LOS ANGELES
OFFICER SELECTION OFFICE
3373A SOUTH HOOVER STREET, BLDG H
LOS ANGELES, CALIFORNIA 90007

Dear Registrar,

The student whose name appears on the reverse side has applied for enrollment in a Marine Corps officer candidate program, or is already a member of such a program. A minimum grade point average is required for admission to, or retention in, all of our programs and I am requesting your cooperation in furnishing essential information on this individual's academic status so that a fair determination can be made in his (her) case.

I realize that a great many demands are made upon your time and that this request may cause some inconvenience, but please be assured of the importance of this data and the weight given to it by the Marine Corps.

Enclosed is an addressed, postage free envelope for your convenience in returning this form.

I am aware of the provisions of the Family Education Rights Act. I hereby authorize the release of the requested information and an official transcript directly to the Marine Corps agency indicated on this form.

(Signature of Witness)

(Signature of Applicant)

(Date)

Public reporting burden for this collection 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 this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302; and to the Office of Management and Budget, PAPERWORK REDUCTION PROJECT (0703-0011), Washington, DC 20503. Please DO NOT RETURN your form to either of these addresses. Send your completed form to the Officer Selection Office listed on page 2.

NAME OF STUDENT _____ SOCIAL SECURITY NUMBER _____
COLLEGE OR UNIVERSITY _____

This is to certify that the above named student:

Degree _____ Major _____ Date Degree Conferred _____

IS IS NOT a regularly enrolled full-time student at this institution.

IS IS NOT carrying an academic course load of 12 hours per semester or equivalent load on the quarter system.

Provided progress is normal, and contingent upon satisfactory completion of work, it is expected that the above named student will complete requirements for the following degree:

- Associate in Arts/Science (Junior College only)
- Baccalaureate
- Bachelor of Laws/Juris Doctor

Expected date of completion of degree requirements: _____

The below information is required to determine this student's eligibility for admission to, or retention in, one of the U.S. Marine Corps Officer Candidate Programs:

Major Subject _____
Total number of hours/units attempted _____
Total number of hours/units completed _____
Current semester hours/units _____
Current semester grade point average _____
Cumulative grade point average _____
At this institution a grade point average of _____
is equivalent to a "C".
SAT Score Math _____ Verbal _____ Date _____
ACT Score Math _____ Verbal _____ Date _____

It is requested that a certified copy of the student's transcript be returned with this form.

REMARKS:

PLEASE
AFFIX
SEAL

SIGNATURE _____
TITLE _____
DATE _____



UNITED STATES MARINE CORPS
 MARINE CORPS OFFICER SELECTION STATION
 OFFICER SELECTION OFFICE LOS ANGELES
 3373 SOUTH HOOVER STREET, BLDG. H
 LOS ANGELES, CALIFORNIA 90007

IN REPLY REFER TO

To Whom it May Concern:

The person named below has applied for an officer training program in the United States Marine Corps. As part of this process he/she is required to provide a minimum of five references. We ask that you check the appropriate blocks on the reverse side of this form. Also, please make sure to include a detailed assessment of the applicant. You can either put this information on the space provided at the bottom of the next form or write "See attached recommendation letter" in that space and then include a letter with the completed recommendation form.

This Program may lead to an appointment as a commissioned officer in the United States Marine Corps. When selecting candidates for appointment as officers, decisions are made on the basis of all available, relevant information regarding the applicant's background in terms of education, intelligence, experience and personal characteristics. This information is extremely important as it will assist a panel of officers at Headquarters, Marine Corps in determining the officer potential of this Candidate.

The information you furnish will be treated confidentially. However, under the Freedom of Information Act and the Privacy Act of 1974, a copy of this completed form may be released if requested by the applicant. This form is authorized by Marine Corps Order P1100.73. Although you are not required to respond, your cooperation in this matter is greatly appreciated.

There are four different options with regards to returning the completed recommendation documents: 1) Scan the completed recommendation documents and then email them back to me using the email address listed on the top of this letter. 2) Fax the completed recommendation documents to the fax number listed on the top of this letter 3) Place the completed recommendation documents into a sealed envelop and then give it to the applicant in order to return to me. 4) Mail the completed recommendation documents to the address listed on the top of this letter. Please, use whichever option that is most convenient and expedient for you. Thank you for the greatly appreciated support.

Sincerely,

Jacob M. Cosme

Jacob M. Cosme

Albert Medina III

ALBERT MEDINA III

USMC

Applicant Release Statement

I am aware of the provisions of the Family Education and Privacy Right Act. I hereby authorize the release of the requested information directly to the Marine Corps agency indicated on this form. I desire that an objective evaluation be rendered.

(Signature of Witness)

(Signature of Applicant)

NAME OF APPLICANT
DATES OF ATTENDANCE TO
ADDRESS

(Date)

Please return by: _____

TIME SENSITIVE MATERIAL

Email: jacob.cosme@marines.usmc.mil; albert.medina@marines.usmc.mil
 richard.martinez@marines.usmc.mil; kevin.phillips@marines.usmc.mil

Public reporting burden for this collection is estimated to average 30 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 aspect of this collection of information, including suggestions for reducing this burden to, **Department of Defense, Washington Headquarters Services, Directorate for Information and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302; and to the Office of Management and Budget, Paperwork Reduction Project (0703-0012), Washington, DC 20503**

REFERENCE QUESTIONNAIRE INSTRUCTIONS

Evaluate the candidate on all sixteen of the factors listed below. Mark only one choice that best describes the qualities of the applicant in relation to those of his/her peers.

BASE YOUR EVALUATION ON THE FOLLOWING SCALE:

SUPERIOR - Outstanding potential based on demonstrated performance

BELOW AVERAGE - Capabilities on a lower scale than that of peers

ABOVE AVERAGE - Demonstrates capabilities ahead of peers

INFERIOR - No capabilities or growth potential Demonstrated

AVERAGE - Demonstrates capabilities typical of peers

NOT OBSERVED - Insufficient contact to give an opinion

SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	INFERIOR	NOT OBSERVED
----------	---------------	---------	---------------	----------	--------------

1. Academic potential					
2. Respect tendered by peers					
3. Ability to accept criticism by seniors					
4. Ability and willingness to conform to established rules of conduct					
5. Ability to adapt to demands of close group living					
6. Interest and willingness to accept responsibilities in extracurricular activities					
7. Ability to make friends easily					
8. Interest in participating in competitive situations					
9. Ability to work towards goals when in a subordinate position					
10. Ability to influence others in definite lines of action					
11. Dexterity, agility, and physical coordination					
12. Ability to carry a demanding academic program at the college level					
13. Ability to deal with frustration					
14. Personal appearance					
15. Ability to communicate verbally					
16. How well interest and personality are related to a career in the military					

DO NOT EVALUATE THE STUDENT
DO NOT COMPLETE THE FORM

HAS THIS STUDENT EVER BEEN ON ACADEMIC PROBATION (TO INCLUDE THE PRESENT TIME)? YES NO
IF YES, PLEASE ELABORATE.

HAS THIS STUDENT EVER BEEN THE SUBJECT OF DISCIPLINARY ACTION (TO INCLUDE MATTERS CURRENTLY PENDING)? YES NO IF YES, PLEASE ELABORATE.

Reference In Case Of: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT	RELATION TO THE APPLICANT (Professor, Employer, etc.)
SIGNATURE	PROFESSION
	NAME OF FIRM OR INSTITUTION

DEAN

Public reporting burden for this collection is estimated to average 30 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 aspect of this collection of information, including suggestions for reducing this burden to, **Department of Defense, Washington Headquarters Services, Directorate for Information and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302; and to the Office of Management and Budget, Paperwork Reduction Project (0703-0012), Washington, DC 20503**

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SUPERIOR

ABOVE AVERAGE

AVERAGE

BELOW AVERAGE

INFERIOR

NOT OBSERVED

1. Academic potential						
2. Respect tendered by peers						
3. Ability to accept criticism by seniors						
4. Ability and willingness to conform to established rules of conduct						
5. Ability to adapt to demands of close group-living						
6. Interest and willingness to accept responsibilities in extracurricular activities						
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14. Personal appearance						
15. Ability to communicate verbally						
16. How well interest and personality are related to a career in the military						

Reference In Case Of: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT		RELATION TO THE APPLICANT (Professor, Employer, etc.)
SIGNATURE	PROFESSION	NAME OF FIRM OR INSTITUTION

PROFESSOR

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NOT OBSERVED - Insufficient contact to give an opinion

SUPERIOR

ABOVE AVERAGE

AVERAGE

BELOW AVERAGE

INFERIOR

NOT OBSERVED

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	INFERIOR	NOT OBSERVED
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4. Ability and willingness to conform to established rules of conduct						
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16. How well interest and personality are related to a career in the military						

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"I understand, if SNM is selected for a commissioning program, that he/she is not required to mobilize for unit deployments as long as they remain in good standing and meet all requirements of the commissioning program or M&RA/MCRC policy changes."

"PLEASE DO NOT LEAVE THIS SECTION BLANK"

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U.S. GPO. 1997-504-002/6008

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