

**U.S. ARMY ROTC
GREEN TO GOLD
ACTIVE DUTY OPTION
PROGRAM**



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

**INFORMATION
BOOKLET**

As of 31 August 2020

**THE ARMY RESERVE OFFICERS' TRAINING CORPS (ROTC) TWO-YEAR GREEN TO GOLD
ACTIVE DUTY OPTION PROGRAM FOR
U.S. ACTIVE DUTY COMPONENT 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 20 : Application window opened.
- 27 NOV 20 : Last day to create online application/ Phase 1 document submission.
- 11 DEC 20 : Selection Board Convenes.
- 15 DEC 20 : Selection Board Recesses.

Announcement Date: Applicants selected to move to Phase 2 should be notified late JAN 21 via MILPER Message published by HRC.

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.

Applicants who are not selected must re-apply; applications will not be carried over into the next cycle.

GENERAL INFORMATION

Mission Statement

The Green to Gold (G2G) Active Duty Option (ADO) Program is a two-year 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 RA.

Note: Applicants enter the program as academic Juniors or Graduate students. Furthermore, they retain all benefits, base pay, allowances, and promotional status until commissioning.

Phases

The Program consist of two phases:

Phase One: the preliminary process. This phase consists of creating an online application, submission of board required documents, scheduling of Medical Examination, verifying board eligibility, and packet appearance before a selection board.

Phase Two: 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) and two Senior Enlisted Advisors 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.

HRC will publish an MILPER Message listing those Soldiers selected to advance to Phase Two.

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.

Obligation

Applicants meeting all requirements and entering into the program will incur an 8 year service obligation upon commissioning. 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

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 28.

Tuition

Applicants are responsible for their educational expenses; e.g., tuition, books, and fees. They may receive any portion of the GI Bill benefits they have earned since entering into the military. However, IAW Department of Defense Directive 1322.8, Soldiers selected to participate in this program are not eligible to use tuition assistance.

NOTE: GI Bill payments for RA Soldiers on active duty may have limitations; therefore it is important to contact the Department of Veterans Affairs for specific entitlements. For information regarding eligibility for GI Bill contact your installation's Education Center or visit the Department of Veterans Affairs website at <http://www.va.gov> or call 1-888-442-4551. It is the applicant's responsibility to ensure he/she fully understands all benefits before making any decision.

Class Attendance

75% 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.

NOTE: Exceptions of the 75% rule will be considered based on course curriculum.

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 10 of this handbook. Soldiers stationed outside the United States are also assigned a Counterpart Program staffed specifically to assist them.

Assignments

During any phase of the Green to Gold application, if a Soldier comes down on assignment it is the Soldier's responsibility to contact their Branch Manager for deferment/deletion of the assignment
Website:

[https://www.hrc.army.mil/content/Enlisted%20Personnel%20Management%20Directorate%20\(EPMD\)](https://www.hrc.army.mil/content/Enlisted%20Personnel%20Management%20Directorate%20(EPMD)) .

Once selected for Phase 2, Soldier Assignment Eligibility and Availability (AEA) Code will be updated from a "L, no current reassignment restrictions" to "I, Officer Producing Candidate School Pending." Soldiers may still attend NCOES course while coded "I" prior to college start to become fully eligible for promotion while at the academic studies. AEA Code "N, deployment Stabilization" will not be changed by HRC, contact Chain of Command and S1 for updating.

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 30 years of age upon graduation and completion of all requirements for commission. Waiver 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. Not be currently scheduled to attend an approved reclassification MOS training school. Applicant will not be considered for a waiver until a request for cancellation of the approved reclassification MOS training has been processed and approved by the proper approval authority.
7. Have at least 48 months remaining upon entering the program. Soldiers who do not meet the service remaining requirement for this program must be processed IAW AR 601-280, paragraph 4-6, before orders can be issued directing movement to the Student Detachment, Fort Jackson, South Carolina. No waiver authorized.
8. 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.
9. Have a minimum cumulative grade point average of 2.5 on a 4.0 grading point system (unweighted) on all previous college work completed. Waiver authorized for 2.0-2.49.
10. 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) on his/her most recent APFT. Information should be updated on the Enlisted Record Brief under the Personal/Family Data section. No waiver authorized. NOTE: Although some Units may transition to the Army Combat Fitness Test (ACFT) during the application cycle; all applicants must submit an APFT to be used as a common measuring stick by the Selection Board.
11. Have two years remaining (4 semesters/6 quarters) as a full time student as indicated on CC Form 104-R, Planned Academic Program Worksheet. Summer sessions (between Junior and Senior year) are authorized but cannot interfere with Advance Camp attendance.

NOTE: 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 (NOT University selected).

12. 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.
13. 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), Tier-5 (T5), Single Scope Background Investigation (SSBI), or National Agency Check Local and Credit (NACLC) investigation.
14. 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 15 July or request to be deferred until the following Fall Semester).

15. Have no more than three dependents (including spouse). Waiver authorized.

INELIGIBILITY

Soldiers are ineligible for the program if he/she-

1. Requires anything other than 4 semesters/6 quarters as a full-time student to earn the degree. Course overload or less than full-time status is not authorized.

2. Does not have a favorable recommendation by their chain of command.

3. Is ineligible for reenlistment.

4. Is a conscientious objector, as defined in AR 600-43, Conscientious Objection.

5. Has a misdemeanor record of a Domestic Violence Conviction.

6. Is under suspension of favorable personnel action (FLAGS) IAW AR 600-8-2.

7. Will have 10 years or more of AFS at time of commissioning. Waivers authorized.

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

9. Had 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. Waivers are authorized.

10. A Soldier without a spouse and who has one or more dependents under 18 years of age is disqualified except as provided in paragraph 11(c) below. Waiver authorized.

11. 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.

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.

APPLICATION PROCEDURES

Read instructions carefully. Application must be completed online. Go to:

www.goarmy.com/rotc/enlisted-soldiers.html, scroll down to Green to Gold Active Duty Option, then click on “**Learn More**”, next scroll to the bottom of the page and click on “Take the Next Step: Create An Account”. Once account is created, you now have access to the Green to Gold Access Portal. To log into the Access Portal, go to: 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: (A checklist is on page 16 of this handbook). It is the **Soldier's responsibility** to ensure all required documents are uploaded through the Green to Gold Access Portal, **NO 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. (See NOTE below)

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. NOTE: To be electronically signed the USACC 174-R must be signed in the following sequence: Soldier, Company Commander, Battalion Commander. If the sequence cannot be followed the form can be manually signed

2. **ERB**: An updated copy of the ERB indicating citizenship. Must include most recent APFT data (within 6 months of applying). NOTE: This ERB is “you” appearing before the Selection Board. Ensure it is current and complete.

3. **TRANSCRIPTS**: Official transcripts of all colleges attended. 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. Soldiers are responsible for ensuring all official transcripts are enclosed in their packets.

4. **USACC FORM 104-R** (Planned Academic Program Worksheet): The Phase 1 USACC Form 104-R is the Soldier's good faith estimate of how many credits/classes will be required to earn his/her degree upon entry into the program. No signature other than the Soldier's is required.

5. **DODMERB Examination Scheduling:** DODMERB Exam Scheduling: Once a Soldier's application has advanced to BOARD READY status his/her name will be forwarded from US Army Cadet Command to DODMERB. DODMERB will then email the Soldier contact information of a contracted medical facility and will assist the Soldier in scheduling of the physical examination. It is the Soldier's responsibility for following the guidance given by DODMERB to complete all required physical processing requirements.

Phase 2 Requirements

1. **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.

2. **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.

3. **WAIVERS:** Copy of waivers and/or waiver requests, as applicable. All waivers must be submitted on a fillable DA 4187 (see pages 28-49 for examples) and must be digitally signed. NOTE: Although waivers are not required until Phase 2 it is recommended to submit Civil Conviction Waivers ASAP.

NOTE: Any offenses that occurred and were waived prior to initial entrance to the military may be granted an exception to the waiver requirement. The Soldier must upload the initial enlistment DD Form 1966 which indicates the offenses were listed and any required waivers were granted. In addition, the Soldier must provide a personal affidavit listing all charges, dispositions, and that a waiver was either granted or not required.

DEFERMENT: If an applicant selected for Phase 2 is not fully qualified (Medically/Administratively) by 01 JUL of the cycle year that Soldier must defer until following Fall Semester (Deferment to Spring Semesters are not allowed).

RELEASE FROM THE PROGRAM

1. Soldiers selected to participate in the program must maintain eligibility. Failure to maintain eligibility requirements will result in release from the program and immediate re-assignment. A Soldier may be released from the program for:

- a) Failure to pass a record APFT (will be administered every six months).
- b) Failure to maintain a CGPA of 2.0 or higher.
- c) Failure to complete commissioning requirements in the time allotted (21 consecutive months).
- d) Failure to maintain height/weight standards IAW AR 600-9.
- e) Misconduct as defined by AR 145-1, para 3-43(12).
- f) Lack of aptitude as defined by AR 145-1, para 3-43(13).
- g) Undesirable character as defined by AR 145-1, para 3-43(14).
- h) Indifferent attitude as defined by AR 145-1, para 3-43(15).
- i) Change in medical condition which makes the Soldier ineligible for commissioning.

2. If a Soldier is released from the program at any time after enrollment, the established Service Remaining Requirement (SSR) will remain in effect and the Soldier will be reassigned immediately based upon the needs of the Army.

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) 255-3475
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		
AAE	ARABIC-EGYPTIAN		
AAK	ARABIC-JORDANIAN	BAK	LABOR RELATIONS
AAL	ARABIC-LIBYAN	BAO	ORGANIZATION
AAN	ARABIC-SAUDI		BEHAVIOR- ORGANIZATION
AAP	ARABIC-SYRIAN		EFFECTIVENESS
AAQ	ARABIC-LEBANESE		
AAX	ART GENERAL	BAP	ORGANIZATION
AAZ	ARABIC		BEHAVIOR-PERSONNEL MANAGEMENT
ABN	BENGALI		
ABX	LANGUAGE/LITERATURE CLASSICAL	BAR	COLLEGE ADMINISTRATION
ACA	RELIGIOUS EDUCATION	BAS	FOOD DISTRIBUTION
ACB	PASTORAL COUNSELING	BAV	HUMAN RESOURCES
ACC	RELIGION/THEOLOGY	BBA	ADMINISTRATION PUBLIC
ACD	CHINESE CANTONESE	BBB	PERSONNEL MANAGEMENT/ ADMINISTRATION
ACM	CHINESE MANDARIN		
ADG	ARABIC-IRAQI		
ADU	DUTCH	BBH	MANAGEMENT INSTITUTIONAL
ADX	ENGLISH		
AEX	MUSIC	BBM	CHURCH MANAGEMENT
AFA	PUBLIC SPEAKING	BBN	HOTEL-RESTAURANT MANAGEMENT
AFB	DRAMATICS		
AFC	HOMILETICS AND COMMUNICATION SKILLS	BBS	SAFETY
AFR	FRENCH	BCA	FOREIGN TRADE
AGA	BROADCASTING (ANNOUNCER)	BMS	MASTERS-ADVANCED MILITARY STUDIES
AGB	PRODUCTION MOTION PICTURE	CUF	COGNITIVE SCIENCE
AGC	PRODUCTION	DAA	AGRICULTURE GENERAL
AHJ	HINDI	DAH	HORTICULTURE
AHX	LANGUAGE/LITERATURE FOREIGN	DAK	HUSBANDRY ANIMAL
AJA	JAPANESE	DAL	HUSBANDRY POULTRY
AJN	INDONESIAN	DKF	MILITARY SCIENCE (OTHER THAN U S ACADEMIES
AJT	ITALIAN	EAB	CULTURAL FOUNDATIONS
AKP	KOREAN	EAC	ETHNOLOGY
AKX	JOURNALISM- WRITING/EDITING	EAD	INTERDISCIPLINARY STUDIES
ALA	SPANISH (LATIN AMERICAN)	EAX	ANTHROPOLOGY
ALX	PHILOSOPHY	EBX	AREA STUDIES
AML	MALAYSIAN	ECA	POLICE SCIENCE AND ADMINISTRATION
ANR	NORWEGIAN	ECB	CORRECTIONS
ANX	ARTS LIBERAL	ECF	FORENSIC SCIENCE
APQ	PORTUGESE (BRAZILIAN)	ECJ	CRIMINAL JUSTICE
APY	PORTUGESE (EUROPEAN)	ECX	CRIMINOLOGY
AQE	ARABIC-EASTERN	EED	VOCATIONAL AND EDUCATIONAL GUIDANCE
AQW	ARABIC-WESTERN		
ARU	RUSSIAN	EEE	VOCATIONS SUBJECTS (CRAFTS, TRADE)
ASC	SERBO-CROATIAN	EEF	GENERAL EDUCATION TECHNOLOGY
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	GEODETTIC SCIENCE
		DFX	GEOGRAPHY GENERAL/ECONOMIC/POLITICAL

Academic Discipline Mix 3 -

Physical Science/Analytical

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

DGA	GEOLOGY SURFICIAL
DGB	GEOLOGY STRATIGRAPHY
DGC	SEISMOLOGY
DGD	GEOLOGY TERRESTRIAL MAG-ELECTRICITY
DGE	GEOLOGY ECONOMIC
DGF	GEOLOGY GENERAL
DGG	PALEONTOLOGY
DGH	MINERALOGY PETROLOGY
DGL	METEOROLOGY CLIMATOLOGY
DGN	NAUTICAL SCIENCES
DGP	OCEANOGRAPHY HYDROLOGY
DGX	GEOPHYSICS
DHA	STATISTICS
DHB	MATHEMATICS CRYPTANALYSIS

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

**Academic Discipline Mix 4 -
Engineering**

CODE ACADEMIC TITLE

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

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

DOCUMENTS

PROGRAM		ADO	
		BACH	GRAD
ERB		B	B
CCF 174-R		B	B
CCF 104-4		B	B
COL TRANSCRIPTS		B	B
PMS LETTER		S	S
CCF 104-R FINAL		S	S
DODMERB EXAM		S	S

NOTES:

1. CCF 104-R (WORKING) is just a best estimate by the Soldier and the ROTC program. Block 9 and 10 must be completed as to degree award date, type, and signed by Soldier. If selected to advance to Phase 2; CCF 104-R (FINAL) must be approved by the academic institution.

2. 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 showing Bachelor's Degree was 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 an 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 in conjunction 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**

ITEM	REMARKS
1. Were You Ever Disenrolled From the ROTC Program	Enter "Yes" or "No". Submit the DA 785 with the application (if applicable).
2. Select Option	Self-explanatory
3. Degree Type Scholarship Category	Select from drop-down menu Can only apply for one option.
4. Rank	Enter current rank.
5. Last Name	Self-explanatory.
6. First Name	Self-explanatory.
7. Middle Initial	Self-explanatory.
8. Social Security Number	Self-explanatory.
9. Date of Birth	Select from drop down menu.
10. Contact Information: Home Telephone Cell Number Email Address (military)	Include area code and country code, if overseas. Provide Enterprise Email address.
11. Current Home Address: Street Address Apt. City State Zip Code Country	Address where Soldier is physically living. Do not indicate HOR address unless currently living at that address.
12. Marital Status Spouse Military Number of Children Citizenship	Select from the drop-down menu.
13. Civil Convictions	Enter either "Yes" or "No" Indicate "Yes" if Soldier has been arrested, indicted, or convicted of violating any civil or military law or had any adverse juvenile adjudication or other adverse disposition imposed except minor traffic violations for which a fine of \$250.00 or less was imposed. List ALL convictions, even if expunged.
14. What is your Gender? Hispanic or Latino? Race	Self-explanatory. Self-explanatory. Enter Racial/Ethnic Descent
15. Unit of Assignment: Unit Name Street Address CITY STATE ZIP Unit Phone Number	Complete Unit Address i.e. HHC 1BN 4BDE 3ID 1234 THIRD ST i.e. FT KNOX Enter the two character abbreviation (ex., VA, AL, etc.) Include area code and country code, if overseas.
Basic Active Service Date	Select from drop-down menu.
Enlisted Expiration Date	Select from drop-down menu.

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

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

PLANNED ACADEMIC PROGRAM WORKSHEET

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

DATA REQUIRED BY PRIVACY ACT STATEMENT OF 1974

AUTHORITY: Title 10, US Code 2101 and 2104
PRINCIPAL PURPOSE: To provide information and data necessary for administering Army Senior ROTC program, processing, and managing of selected students for commissioning in the Army LAW established public law and Army Regulations.

ROUTINES USE(S): To provide a projected academic plan to determine if the applicant meets the public law requirements of two remaining academic years.
VOLUNTARY DISCLOSURE: Voluntary information is necessary to determine eligibility of the individual for acceptance, continuance, or discontinuance in the Army ROTC program.

1. NAME OF STUDENT (LAST, FIRST, MI) _____ 2a. CIP CODE _____

4. ACADEMIC SCHOOL _____

5. CREDIT HOURS
 Select Semester or Quarter (S/Q) Semester

6. GRADE POINT AVERAGE (GPA)

a. IDENTIFICATION (Check one):

Host	<input type="checkbox"/>
Extension Center	<input type="checkbox"/>
Cross-Enrolled	<input type="checkbox"/>

b. HOST FICE

c. HOST SCHOOL

- a. Total required for degree:
- (1) ROTC Hours that do not count:
- (2) Total Hours Rqd for NAPS:
- Normal Academic Progression Standard
- b. Credits toward degree Comp to date:
- c. Transfer Credits accepted:
- d. Remaining for Degree:
- e. Number of authorized S/Qs:

Term:	<input type="text"/>	Term:	<input type="text"/>
Curr GPA:	<input type="text"/>	Curr GPA:	<input type="text"/>
CUM:	<input type="text"/>	CGPA:	<input type="text"/>
Term:	<input type="text"/>	Term:	<input type="text"/>
Curr GPA:	<input type="text"/>	Curr GPA:	<input type="text"/>
CUM:	<input type="text"/>	CGPA:	<input type="text"/>
Term:	<input type="text"/>	Term:	<input type="text"/>
Curr GPA:	<input type="text"/>	Curr GPA:	<input type="text"/>
CUM:	<input type="text"/>	CGPA:	<input type="text"/>
Term:	<input type="text"/>	Term:	<input type="text"/>
Curr GPA:	<input type="text"/>	Curr GPA:	<input type="text"/>
CUM:	<input type="text"/>	CGPA:	<input type="text"/>

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

a.		b.		c.	
Term:	Year:	Term:	Year:	Term:	Year:
No.	Course Title	No.	Course Title	No.	Course Title
Hrs.	Cts.	Hrs.	Cts.	Hrs.	Cts.
Grd.		Grd.		Grd.	
Total Term Hours:					
d.		e.		f.	

8. STUDENT INITIALS & DATE: _____

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

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

PLANNED ACADEMIC PROGRAM WORKSHEET

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

STATEMENT OF UNDERSTANDING

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

Cadet _____

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

Normal Academic Progression	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
([Total Hours Req for NAPS] - [Transfer credit accepted + Credits towards degree comp to date])
Example: $(140 - (35 + 30) = 75)$ | 75 |
| e. Number of authorized semesters
(Remaining for Degree/Normal Academic Progression)
Example: $75/17.50 = 4.28$ (round down to 4)
(Any fraction equal to or less than .5 will be rounded down to the lower whole number and anything greater than .5 will be rounded up to the next higher whole number) | 4 |

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
Age Waivers ADO (30-32)	X			X					X	X		X	X
Age Waivers ADO (33-39)		X		X					X	X		X	X
Age Waivers ADO (40+)			X	X					X	X		X	X
Civil Conviction - Minor Traffic													
-fine less than \$250 (6 or more within 12 months)	X			X	X			X	X	X		X	X
-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
Civil Conviction - Minor Non-Traffic													
-fine less than \$250	X			X	X			X	X	X		X	X
-fine over \$250	X			X	X			X	X	X		X	X
Civil Conviction - Minor Traffic & Non-Traffic*													
Any adverse disposition that included a sentence of jail/confinement/detention, even if suspended		X		X	X			X	X	X		X	X
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
College Board Score (ACT/SAT)		X		X						X		X	X
Cumulative Grade Point Average (CGPA)		X		X					X	X		X	X
Re-enrollment	X			X					X	X	X	X	X
Dependency Waivers (Electronic):													
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
Exceptions to Policy													
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.

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

PERSONNEL ACTION		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY:	Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended	
PRINCIPAL PURPOSE:	To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.	
ROUTINE USES:	The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.	
DISCLOSURE:	Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.	
1. THRU (Include ZIP Code) COMMANDER (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"/> Age 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 an Age Waiver approved at ROTC BDE Level for participation in the Green to Gold program when that Soldier will be 30-32 years of age at time of commissioning</p> <p>2. (Soldier's RANK Name) will be _____ years and _____ months of age at projected time of commission and therefore requests an Age Waiver</p>		
<p>NOTE: PMS will RECOMMEND APPROVAL/DISAPPROVAL in BLOCK 11 BDE CDR 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	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
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 Age Waiver (Age 33-39 USACC CG Authority)

PERSONNEL ACTION		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8. ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system. DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.		
1. THRU (Include ZIP Code) COMMANDER (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) Age Waiver
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)		
1. Soldiers required an Age Waiver approved at USACC CG Level for participation in the Green to Gold program when that Soldier will be 33-39 years of age at time of commissioning 2. (Soldier's RANK Name) will be _____ years and _____ months of age at projected time of commission and therefore requests an Age Waiver		
NOTE: 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

15. NAME OF INDIVIDUAL Applicant's Name		16. SSN Applicant's SSN	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
AUTHORITY	a. TO COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER (ROTC BDE Information)	
c. ACTION: <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 Age Waiver (Age 40-42 HQDA Authority)

PERSONNEL ACTION		
For use of this form, see PAM 600-8, the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY:	Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended	
PRINCIPAL PURPOSE:	To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.	
ROUTINE USES:	The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.	
DISCLOSURE:	Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.	
1. THRU (Include ZIP Code) COMMANDER (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"/> Age 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 an Age Waiver approved at HQDA Level for participation in the Green to Gold program when that Soldier will be 40-42 years of age at time of commissioning</p> <p>2. (Soldier's RANK Name) will be _____ years and _____ months of age at projected time of commission and therefore requests an Age Waiver</p>		
<p>NOTE: PMS RECOMMENDS APPROVAL/DISAPPROVAL in BLOCK 11 BDE CDR RECOMMENDS APPROVAL/DISAPPROVAL in BLOCK 15c USACC CG RECOMMENDS APPROVAL/DISAPPROVAL 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	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
AUTHORITY	a. TO COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER (ROTC BDE Information)	
c. ACTION: <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 Civil Conviction Waiver (ROTC BDE CDR Authority)

PERSONNEL ACTION		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8. ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system. DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.		
1. THRU (Include ZIP Code) COMMANDER (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 _____ <div style="text-align: center;">effective _____ hours,</div>		
SECTION III - REQUEST FOR PERSONNEL ACTION		
8. I request the following action: (Check as appropriate)		
<input type="checkbox"/> Service School (<i>Enl only</i>)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (<i>Enl only</i>)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (<i>Enl only</i>)	<input type="checkbox"/> Officer Candidate School	<input 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
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 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):</p> <p>2. (Applicant's Rank/Name) is requesting a Civil Conviction waiver for (list offense and fine).</p> <p>3. Additional Information</p>		
<p align="right">NOTE: Applicant must submit Affidavit and all court Documents</p>		
<p align="center">NOTE: PMS will RECOMMEND APPROVAL/DISAPPROVAL in BLOCK 11 BDE CDR 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	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
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)

PERSONNEL ACTION		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY:	Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended	
PRINCIPAL PURPOSE:	To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.	
ROUTINE USES:	The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.	
DISCLOSURE:	Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.	
1. THRU (Include ZIP Code) COMMANDER (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"/> Civil Conviction 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 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):</p> <p>2. (Applicant's Rank/Name) is requesting a Civil Conviction waiver for (list offense and fine).</p> <p>3. Additional Information</p>		
<p align="center">NOTE: 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>		
<p align="center">Applicant must submit Affidavit and all court Documents</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	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
AUTHORITY	a. TO COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER (ROTC BDE Information)	
c. ACTION: <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)

PERSONNEL ACTION		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8. ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system. DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.		
1. THRU (Include ZIP Code) COMMANDER (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 _____ <div style="text-align: center;">effective _____ hours,</div>		
SECTION III - REQUEST FOR PERSONNEL ACTION		
8. I request the following action: (Check as appropriate)		
<input type="checkbox"/> Service School (<i>Enl only</i>)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (<i>Enl only</i>)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (<i>Enl only</i>)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (<i>Specify</i>) Standardized Test Score (SAT/ACT)
<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 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.</p> <p>2. (Soldier's RANK Name) has a (SAT/SAT) score of _____ and therefore requests a Standardized Test Score Waiver</p>		
<p>NOTE: 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	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
AUTHORITY	a. TO COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER (ROTC BDE Information)	
c. ACTION: <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)

PERSONNEL ACTION		
For use of this form, see PAM 600-8, the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY:	Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended	
PRINCIPAL PURPOSE:	To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.	
ROUTINE USES:	The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.	
DISCLOSURE:	Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.	
1. THRU (Include ZIP Code) COMMANDER (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>NOTE: 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	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
AUTHORITY	a. TO COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER (ROTC BDE Information)	
c. ACTION: <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)

PERSONNEL ACTION		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY:	Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended	
PRINCIPAL PURPOSE:	To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.	
ROUTINE USES:	The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.	
DISCLOSURE:	Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.	
1. THRU (Include ZIP Code) COMMANDER (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"/> Reenrollment 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 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;"> NOTE: Applicant must provide DD FORM 785 </div>		
<div style="border: 1px solid red; padding: 5px; color: red; width: 100%;"> NOTE: 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 PMS RANK/NAME	13. SIGNATURE PMS SIGNATURE	14. DATE (YYYYMMDD) DATE

15. NAME OF INDIVIDUAL Applicant's Name		16. SSN Applicant's SSN	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
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)

PERSONNEL ACTION		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8. ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system. DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.		
1. THRU (Include ZIP Code) COMMANDER (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"/> Dependency Waiver
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)		
1. 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 2. (Applicant's RANK Name) is/has (choose from one or more of the three options above) therefore is requesting a Dependency Waiver.		
NOTE: PMS will RECOMMEND APPROVAL/DISAPPROVAL in BLOCK 11 BDE CDR 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

15. NAME OF INDIVIDUAL Applicant's Name		16. SSN Applicant's SSN	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
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)

PERSONNEL ACTION		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended		
PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.		
ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.		
DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.		
1. THRU (Include ZIP Code) COMMANDER (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"/> Dependency 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 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.</p> <p>2. (Soldier's RANK Name) is/ has (choose from one of the 2 options above) and therefore requests a Dependency Waiver</p>		
<p>NOTE: 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	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
AUTHORITY	a. TO COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER (ROTC BDE Information)	
c. ACTION: <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)

PERSONNEL ACTION		
For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY:	Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended	
PRINCIPAL PURPOSE:	To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.	
ROUTINE USES:	The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.	
DISCLOSURE:	Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.	
1. THRU (Include ZIP Code) COMMANDER (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) 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>NOTE: 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 -		
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15. NAME OF INDIVIDUAL Applicant's Name		16. SSN Applicant's SSN	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
AUTHORITY	a. TO COMMANDER, USACC 204 1st Cavalry Regiment Road Fort Knox, KY 40121	b. FROM COMMANDER (ROTC BDE Information)	
c. ACTION: <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			