

**RECORD OF DISENROLLMENT FROM
OFFICER CANDIDATE - TYPE TRAINING**

DATE SUBMITTED

TO: *(Appropriate agency of the service concerned) (Include Zip Code)*

FROM: *(Appropriate agency of the service concerned) (Include Zip Code)*

SECTION I - IDENTIFICATION INFORMATION ON STUDENT AT TIME DISENROLLED

1. LAST NAME - FIRST NAME - MIDDLE INITIAL		2. RATE OR GRADE	3. BRANCH OF ARMED FORCES	4. FILE OR SERVICE NUMBER	5. SOCIAL SECURITY NUMBER
6. BIRTH	a. DATE	b. PLACE			7. SEX
8. HOME OF RECORD ADDRESS			9. OTHER		

SECTION II - PROGRAM INFORMATION APPLICABLE AT TIME DISENROLLED

10. TRAINING STATION ADDRESS		11. TYPE OF PROGRAM (OCS, ROTC, Academy, NavCad, etc.)	12. SPECIFIC TYPE OF TRAINING (Supply, Pilot training, Bombardier, Infantry, Artillery, etc.)
13. DATE ENTERED PROGRAM	14. DATE DISENROLLED		15. DATE SCHEDULED FOR COMMISSION (If training had been completed successfully)

SECTION III - REASONS AND CIRCUMSTANCES FOR DISENROLLMENT

**SECTION IV - EVALUATION TO BE CONSIDERED IN THE FUTURE FOR
DETERMINING ACCEPTABILITY FOR OTHER OFFICER TRAINING**

1. HIGHLY RECOMMENDED
2. RECOMMENDED AS AN AVERAGE CANDIDATE
3. SHOULD NOT BE CONSIDERED WITHOUT WEIGHING THE "NEEDS OF THE SERVICE" AGAINST THE REASONS FOR THIS DISENROLLMENT
4. RECOMMENDED IF PHYSICAL DEFECTS ARE CORRECTED OR IF SUCH DEFECTS ARE NOT DISQUALIFYING FOR OTHER PROGRAMS
5. DEFINITELY NOT RECOMMENDED
6. OTHER REMARKS

REMARKS

TYPED NAME AND GRADE

SIGNATURE

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