

CADET ACTION REQUEST
(ROTC Cadet Command Pam 145-4)

Data required by the Privacy Act of 1974

Authority: 10 USC 2102 and 2107. Principal Use(s): For use by cadet or PMS in initiating a request for personnel action.

Routine Use(s): To initiate paper cadet actions for waivers, exception, or change in scholarship status by the cadet or PMS.

Disclosure: Voluntary. However, failure to provide necessary action will preclude consideration of the request.

1. FROM/BN: *(Include ZIP Code):*

2. POC FOR ACTION:

Name: (Last, First, MI)

Telephone Number

Email Address

3. THRU BDE CDR: *(Include Zip Code)*

4. THRU RGN CDR: *(Include ZIP Code)*

5. TO HQCC: *(Include Zip Code)*

SECTION I - PERSONAL DATA

6. Name: (Last, First, MI)

7. SSN (Last 4 digits):

8. CURRENT MAILING ADDRESS

9. SMP UNIT ADDRESS *(If applicable)*

SECTION II – REQUEST FOR PERSONNEL ACTION

10. I request the following action: (Click on the appropriate box and fill)

Administrative Suspension

Age Waiver

Alien Participation

Camp Deferment

Change of Major

Civil Conviction Waiver

Dependency Waiver

Disenrollments

**Waiver of Rights

Board of Officers

* Leave of Absence

* Probation

Medical Waiver

RE Code Waiver

Transfer

Scholarship Termination

**Medical Determination

Other (Specify) _____

*(Effective date: _____)

SECTION III – (Applies to above actions - **EXCEPTIONS: Waiver of Rights-see Section IV; Medical determinations-see Section V)

11. Reason for the Request/Remarks: *(If additional space is required, continue on blank sheet)*

12. CADET'S SIGNATURE:

13. DATE

SECTION III – (CONTINUATION)

14. BATTALION COMMANDER/PMS CERTIFICATION AND RECOMMENDATION:

I certify that the cadet enrollment and retention information submitted with this request is accurate and complete. This action request has been reviewed and is complete in accordance with Cadet Command PAM 145-4.

I recommend the following action be taken: (Double click on appropriate box and fill)

Approval Disapproval Forward for Determination Other

Remarks:

15. COMMANDER/AUTHORIZED REPRESENTATIVE (Typed name and signature)

Name: (Last, First, MI)

16. DATE

SECTION IV – (USE FOR WAIVER OF RIGHTS ONLY)

17. Under the provision of Army Regulation 145-1, paragraph 3-43a(), disenrollment from the ROTC program is initiated due to the cadet's breach of the Army Senior Reserve Officers' Training Corps (ROTC) Scholarship Cadet Contract, DA 597-3, based on (insert reason, i.e. academic GPA failure)

Notification /Acknowledgment/Memo ref: Disenrollment
 Notification of Funds Expended (E-mailed from HQCC, RMD)
 Special Active Duty Provision (CC FM 213-R, Dec 07)
 Privacy Act Release Statement (CC FM 133-R, Jul 94)

Transcript
 Class Roster
 APFT/Weight Body Fat Worksheet
 Court Documentation
 Other (Specify):

(Click on appropriate box and fill)—

RECOMMEND APPROVAL RECOMMEND MONETARY PAYBACK RECOMMEND ACTIVE DUTY

I certify that the waiver of rights documentation has been completed IAW CC PAM 145-4. Copies of the documentation and/or supporting documents as indicated above have been provided to the cadet and the cadet has been afforded an opportunity to comment. The documentation will be maintained in the cadet's Military Personnel Records Jacket and becomes a part of the official personnel records as confirmation of disenrollment, obligation, and agreements.

Other Remarks:

SECTION V – (USE FOR MEDICAL DETERMINATIONS ONLY)

By signing and dating Blocks 18 and 19 below, I understand that the appropriate medical authority will review my medical files to determine if I am medically qualified or disqualified for retention. I acknowledge that I have reviewed the supporting documents and have been given the opportunity to submit all medical documentation, evidence, and statements in support of my retention in the ROTC Program. I also understand that if after a thorough review, I am found medically disqualified by the appropriate medical authority and not eligible for waiver consideration, I will be disenrolled from the ROTC program UP AR 145-1, para. 3-43a(5), without further notification. However, upon disenrollment, I may request to appeal the disenrollment.

18. CADET
 Name: (Last, First, MI)

19. DATE

SECTION VI – (FOR PMS USE)

20. PMS/BATTALION COMMANDER
 Name: (Last, First, MI)

21. DATE