		RECORD OF D			DA	TE 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 ON STUDENT AT TIME DISENROLLED		
1. LAST NAME - FIRST NAME - MIDDLE INITAL 2. RATE C				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, 12. SPECIFIC TYPE OF TRAINING (Supply, Pilot)							
TO. TRAINING STATION ADDRESS							Infantry, Artillery, etc.)
13. DATE ENTERED PROGRAM 14. DATE DIS				;ENROLLED		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	5						
TYPED NAME AND GRADE					SIGNATURE		