SSN: STATUS: IN STATE/OUT OF STATE RESIDENT? MAJOR:	MS SEM/YEAR: EMAIL: PHONE #: APFT SCORE: GPA: (Semester) SCHOLARSHIP START DATE: COMMISSIONING DATE:
CONTRACTING CHECKLIST	
BASIC ENROLLMENT FORMS: Release Waiver of Liability CC 136-R – "Government Benefits" CC 137-R – "Auth. / Student Records" CC 139-R – "Cadet Enrollment Record" CC 104-R – "Academic Worksheet" DA 3425R – "Medical Fitness Statement	t" – MUST be signed by a medical professional
ADDITIONAL REQUIREMENTS: DD 2351/2492 - DODMERB Physical or APFT Scorecard Transcripts (Unofficial, must show cumu Birth Certificate Social Security Card	DA 2807-1/2808-MEPs Physical (Guard/Reserve) lative GPA)
FINANCE FORMS: SF 1199A – "Direct Deposit" W4 – "Income Tax Withholding" DD 2058 – "Legal Residence" DD 93 – "Record of Emergency Data" SGLV 8286 – "SGLI Election Cert."	
	AIT) or DD 220 (if completed Basic Training only) A) – provided by State Officer Strength Manager tance (LOA)—USAR Addendum
	(STEM, Nurse & Language Counseling):(Scholarship Request Form):