

**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 SROTC PROGRAM: <i>(Include Zip Code)</i>	2. POC FOR ACTION: Name: (Last, First, MI) <span style="float:right">Telephone Number</span>  Email Address
3. THRU BDE CDR: <i>(Include Zip Code)</i>	4. TO HQCC: <i>(Include Zip Code)</i>

**SECTION I - PERSONAL DATA**

5. Name: (Last, First, MI)	6. SSN (Last 4 digits):	7. CURRENT MAILING ADDRESS
	8. SMP UNIT ADDRESS <i>(If applicable)</i>	

**SECTION II – REQUEST FOR PERSONNEL ACTION**

9. 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)**

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

11. CADET'S SIGNATURE:	12. DATE
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**SECTION III – (CONTINUATION)**

**13. 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 USACC PAM 145-4.

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

Approval

Disapproval

Forward for Determination

Other

Remarks:

**14. COMMANDER/AUTHORIZED REPRESENTATIVE**

*(Typed name and signature)*

Name: (Last, First, MI)

**15. DATE**

**SECTION IV – (USE FOR WAIVER OF RIGHTS ONLY)**

16. Under the provision of Army Regulation 145-1, paragraph 10-2b( ), disenrollment from the ROTC program is initiated due to the cadet's breach of the Army Senior Reserve Officers' Training Corps (ROTC) Cadet Contract, 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

ACFT/Weight Body Fat Worksheet

Court Documentation

(Click on appropriate box and fill)—

Other ( *Specify* ):

RECOMMEND APPROVAL

RECOMMEND MONETARY PAYBACK

RECOMMEND ACTIVE DUTY

I certify that the waiver of rights documentation has been completed IAW USACC 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 File 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 17 and 18 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 IAW AR 145-1, para. 10-2b(5). However, upon disenrollment, I may request to appeal the disenrollment.

**17. CADET**

Name: (Last, First, MI)

**18. DATE**

**SECTION VI – (FOR PMS USE)**

**19. PROFESSOR OF MILITARY SCIENCE**

Name: (Last, First, MI)

**20. DATE**