

**PRIVACY ACT NOTIFICATION**

This document contains information covered under the Privacy Act of 1974, 5 USC 552a and its various implementing regulations and must be protected in accordance with those provisions. You, the recipient/user, are obliged to maintain it in a safe, secure and confidential manner. Re-disclosure without consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality subjects you to application of appropriate sanctions. If you have received this correspondence in error, please notify the sender immediately and destroy any copies you have made.

|                  |                        |
|------------------|------------------------|
| Name:            | Date                   |
| NAVCRUITDIST     | Designator             |
| Address:         | Date Enlisted          |
| Telephone Number | Date Commissioned      |
| Email            | Scheduled OIS/OCS Date |

Adverse Report  Requires Waiver

Provide the following academic information:

BDCP CEC HSCP CHC

|                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Academic Institution Attending   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Term GPA (on a 4.0 scale)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the term GPA meet Service Agreement requirements? (CEC/CHC 3.0, BDCP 2.7, HSCP 2.5) <span style="margin-left: 50px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 50px;"><input type="checkbox"/> No (adverse report)</span> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cumulative GPA (on a 4.0 scale)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Projected Graduation Date  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did the collegiate follow the approved DCP? <span style="margin-left: 50px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 50px;"><input type="checkbox"/> No (adverse report)</span>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a new DCP needed? <span style="margin-left: 50px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 50px;"><input type="checkbox"/> No</span>  |

Provide the following general information:

BDCP CEC HSCP CHC

|                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Date Collegiate was last seen by recruiter.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Date of last physical exam.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will a new physical be required prior to OCS/OIS/Request to Supersede? <span style="margin-left: 50px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 50px;"><input type="checkbox"/> No</span>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has a Physical Health Assessment (PHA) been completed in the last year? <span style="margin-left: 50px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 50px;"><input type="checkbox"/> No</span> |
|                          | <input type="checkbox"/> |                          |                          | Anticipated Date Eligible to Supersede.  |
|                          | <input type="checkbox"/> |                          |                          | Desired Superseding Branch <span style="margin-left: 50px;"><input type="checkbox"/> Active Duty</span> <span style="margin-left: 50px;"><input type="checkbox"/> Reserve</span>                                 |
|                          | <input type="checkbox"/> |                          |                          | Date completed 19 day CCPO Basic Orientation Course (specify date anticipated if not completed)  |
|                          | <input type="checkbox"/> |                          |                          | Date completed 26 day ADT/Basic Orientation Course OJT (specify date anticipated if not completed)   |
|                          | <input type="checkbox"/> |                          |                          | Dates of OJT Training  |
|                          | <input type="checkbox"/> |                          |                          | Location of OJT Training   |
|                          | <input type="checkbox"/> |                          |                          | OJT Supervisor (provide name, rank and contact information)  |
|                          | <input type="checkbox"/> |                          |                          | Specify Subjects if OJT included PDTC/PDTW, workshops, etc.  |

The following documents must be forwarded with this report:

BDCP CEC HSCP CHC

|                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Academic Transcripts or Internship Evaluation (as applicable)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Degree Completion Plan (if applicable)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PRT Worksheet for most recent PRT (Chaplain Candidates are encouraged to participate & provide results from last two voluntary PRTs)(adverse report if below program requirements) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical Activity Risk Factor Questionnaire (PARFQ) for the most recent PRT cycle  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Annual Certificate of Physical Condition   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Waiver Request Letter (if applicable)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meritorious Advancement Consideration (if applicable) Submit request letter and page 13)   |

Additional Comments (explanation of poor grades, poor RPRT scores, DCP issues, legal issues, corrective actions for any problem areas, etc.)

|                 |                                    |
|-----------------|------------------------------------|
| R-OPS Signature | CO Signature (required if adverse) |
| R-OPS Name      | CO Name                            |