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NAME OF STUDENT	SOCIAL SECURITY NUMBER
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COLLEGE OR UNIVERSITY _____

This is to certify that the above named student:

- IS IS NOT a regularly enrolled full-time student at this institution.
- IS IS NOT carrying an academic course load of 12 hours per semester of equivalent load on the quarter system.

Provided progress is normal, and contingent upon satisfactory completion of work, it is expected that the above names student will complete requirements for the following degree:

- Associate in Arts/Science (Junior College only)
- Baccalaureate
- Bachelor of Laws/Jurist Doctor

Expected date of completion of degree requirements: _____

The below information is required to determine this student's eligibility for admission to, or retention in, one of the U. S Marine Corps Officer Candidate Programs:

Major Subject _____

Total number of hours/units attempted _____

Total number of hours/units completed _____

Total number of grade point average _____

Cumulative grade point average _____

At this institution a grade point average of _____
is equivalent to a "C".

SAT Score Math _____ Verbal _____

ACT Score Math _____ Verbal _____

It is requested that a certified copy of the student's transcript be returned with this form.

REMARKS:

SIGNATURE _____

PLEASE
AFFIX
SEAL

TITLE _____

DATE _____

UNITED STATES MARINE CORPS
OFFICER SELECTION OFFICE
2246 KEENELAND COMM BLVD STE B
MURFREESBORO, TN 37130-3910

FORM APPROVED
O. M. B. 0703-0011

IN REPLY REFER TO

Dear

The person named below has applied for an officer training program in the United States Marine Corps, and has provided your name as a reference.

This program may lead to an appointment as a commissioned officer in the U. S. Marine Corps. Impressions of this applicant are limited to available information. Some subjective evaluations can be made from academic records, test results, and employment records. However, people like yourself who personally know the applicant are best qualified to evaluate intangible qualities like their personal characteristics. For these reasons, I ask you to check the appropriate columns on our rating schedule on the reverse side of this letter. Please add any additional thoughts or information you consider pertinent and helpful. The information you provide will be used by a panel of officers at Headquarters Marine Corps for evaluation purposes only.

Any and all information pertaining to this applicant will be treated confidentially. This form is authorized by Marine Corps Order P1100.73 series. Although you are not required to respond, your cooperation in this matter is greatly appreciated.

A return addressed, postage free envelope has been provided for your convenience in returning this rating schedule.

Sincerely,


J. L. BIRKING
CAPTAIN, USMC

I am aware of the provisions of the Family Education Rights Act. I hereby authorize the release of the requested information and an official transcript directly to the Marine Corps representative/office indicated on this form.



Signature of Witness

(Signature of Applicant)

(Date)
