

## REQUEST FOR SCHOOLS FORM

|                                    |  |                                  |       |
|------------------------------------|--|----------------------------------|-------|
| Name (Last, First M.)              |  | Rank:                            | Date: |
|                                    |  | Current Address:                 |       |
| <b>School Required Information</b> |  | <b>Chain of Command Approval</b> |       |
| APFT Date:                         |  | <b>First Line Leader Name:</b>   |       |
| Pass or Fail:                      |  | Recommendation:                  |       |
| HTWT Date:                         |  |                                  |       |
| DA Form 5500/5501 Required         |  | Signature:                       |       |
| Authorized Body Fat %              |  |                                  |       |
| Actual Body Fat %                  |  | <b>PSG Name:</b>                 |       |
| Pass or Fail:                      |  | Recommendation:                  |       |
| GTC                                |  |                                  |       |
| DTS                                |  | Signature:                       |       |
| Last PHA Date:                     |  |                                  |       |
| Last Dental Date:                  |  | <b>1SG Name:</b>                 |       |
| Flagged:                           |  | Recommendation:                  |       |
| Security Clearance Level           |  |                                  |       |
| Security Clearance Expires         |  | Signature:                       |       |
| SSD Level                          |  |                                  |       |
| Date Completed:                    |  | <b>CDR Name:</b>                 |       |
| Last PME:                          |  | Approval Authority               |       |
| Date Completed:                    |  |                                  |       |
| Promotion Priority (1-2):          |  | Signature:                       |       |
| ETS (1YR + retainability)          |  |                                  |       |

### Justification

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### School Information

|                   |                |               |           |
|-------------------|----------------|---------------|-----------|
| <b>1st Choice</b> |                |               |           |
| Course name:      | Course Number: | Class Number: |           |
| Location:         | School code:   | Start Date:   | End Date: |
| <b>2nd Choice</b> |                |               |           |
| Course name:      | Course Number: | Class Number: |           |
| Location:         | School code:   | Start Date:   | End Date: |
| <b>3rd Choice</b> |                |               |           |
| Course name:      | Course Number: | Class Number: |           |
| Location:         | School code:   | Start Date:   | End Date: |

### Rules for Schools

1. APFT / HTWT **MUST** be within 6 months of Application Submission
2. For PME Schools Diag APFT conducted 30 days prior
3. Medical must not be within 9-12 months since last appt without an appt scheduled
4. Ensure security clearance is confirmed for the school if required