



UNITED STATES MARINE CORPS
OFFICER PROGRAMS

Tivoli Suite 126
900 Auraria Pkwy
Denver, CO 80204-1860
(303) 832-7131
FAX: (303) 832-7153

Dear Registrar,

The student whose name appears below has applied for enrollment in a Marine Corps officer candidate program, or is already a member of such program. A minimum grade point average is required for admission to, and retention in, all of our programs and I am requesting your cooperation in furnishing essential information on this individual's academic status so that a fair determination can be made in his/her case.

We realize that a great many demands are made upon your time and that this request may cause some inconvenience, but please be assured of the importance of this data and the weight given to it by the United States Marine Corps.

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 agency indicated on this form.		
_____ Signature of Witness	_____ Signature of Applicant/Student	_____ Date
Name of Student		Social Security Number
College or University		

Registrar Use Only:

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 or equivalent load on the quarter system

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

- Associates Baccalaureate Bachelor of Law/Juris Doctor

Expected Graduation Date: _____

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: _____ Minor: _____
Total hours/units attempted: _____ CUM GPA: _____
Total hours/units completed: _____ GPA equivalent to a "C": _____
Total grade points achieved: _____
SAT/ACT SCORE: _____ MATH: _____
VERBAL: _____

It is requested that a certified copy of the students transcripts be returned with this form

PLEASE AFFIX SEAL

SIGNATURE: _____
TITLE: _____
DATE: _____