

Sex: _____ Age: _____ Rank: _____ PMOS: _____ Student Number: _____

Time in Service (Months): _____ Date of Rank: _____ ETS: _____ DEROS: _____

MEMORANDUM FOR Commandant, USA NCO Academy - KR, ATTN: EAHC-NCOA-CSM,
EUSA NCOA, 15351, APO AP 96258

SUBJECT: Pre-execution Checklist for Attendance at EUSA Wightman NCO Academy

1. (Soldier's Name) _____ was counseled on (Date) _____
_____ concerning NCO Academy attendance by (1SG's Name) _____
_____.

2. Soldier is prepared mentally and physically to attend this course. ____ (Yes) ____ (No)

3. Complete mailing address for unit: _____

4. Major Command: _____

5. The following information is provided.

1. STUDENT'S AREAS OF POTENTIAL WEAKNESS

a. Do you feel that you have a problem in the following areas:

- ____ Reading Comprehension
- ____ Slow Reader
- ____ Slow Learner
- ____ English Language Comprehension

2. POSITIVE RESPONSE REQUIRED FOR ADMISSION TO COURSE

a. Soldier is in a promotable status. Date of promotion board (month/year) _____.

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b. Soldier has 6 months retention upon graduation. ____ (Yes) ____ (No) ETS date _____

c. Soldier passed the APFT within the last 30 days. ____ (Yes) ____ (No)

d. Soldier is eligible for reenlistment. ____ (Yes) ____ (No)

e. Soldier's clothing and equipment was inventoried and inspected by (Supervisor's Name) _____ prior to arrival.

f. Soldier has a meal card. ____ (Yes) ____ (No)

g. Soldier meets height and weight requirements IAW AR 600-9. ____ (Yes) ____ (No)

3. POSITIVE RESPONSE TO ANY OF THE FOLLOWING REQUIRES AN EXPLANATION

a. Soldier has applied for an early out. ____ (Yes) ____ (No)

b. Soldier is on a profile (Temporary or Permanent). ____ (Yes) ____ (No)

c. Soldier has previously attended the course. ____ (Yes) ____ (No)

d. Commandant's approval for attendance attached. ____ (Yes) ____ (No)

e. Have any Personal Problems, which could affect her or his performance. ____ (Yes) ____ (No)

(EXPLANATION) _____

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4. SUPERVISOR'S SECTION, SOLDIER'S INFORMATION

a. Has the soldier made the Cutoff Score. Yes No Month and Year: _____

b. Is the soldier a Vegetarian: Yes No

c. Have you trained the soldier in and on the following subjects:

Map Reading: Yes No

Land Navigation: Yes No

Physical Fitness Training: Yes No

Drill and Ceremonies: Yes No

d. How long ago did you notify the soldier that he or she would be attending PLDC _____ .

f. Soldier has all required clothing and TA 50. Yes No

g. Is the soldier due any ANTHRAX booster shots during the training cycle for this class and when are they due. Yes No Month: _____

h. Supervisors Name: _____ Phone Number: _____

6. (Sponsor's Name) _____ is the soldier's sponsor located at _____ and can be reached at (Unit) _____
_____ (Phone number) _____ .

(First Sergeant Name and Signature)

(Phone number)

7. This soldier meets the prerequisites for attendance IAW AR 350-1 and TRADOC Reg 350-10.
I recommend him or her for attendance.

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8. POC for this action is the undersigned.

(CSM Name and Signature)

(Phone number)

NOTE: Students must report with a signed copy of this memorandum in their possession.

NOTE: This form must be completely filled out prior to reporting to the Inprocessing station in Wightman Hall on Inprocessing day.