

APPLICATION FOR TRANSFER, REACTIVATION OR WITHDRAWAL/REMOVAL OF STUDENT

(X the appropriate action)
 / / TRANSFER / / REACTIVATION / / WITHDRAWAL/REMOVAL

ACTIVE DUTY EXCEPTION: / / If currently discharged and eligible for ONGSP tuition assistance through the deployment waiver from previous deployment. Please attach DD 214

THIS FORM MUST BE RECEIVED IN: THE ADJUTANT GENERAL'S DEPARTMENT, ATTN: ONGSP, 2825 WEST DUBLIN GRANVILLE ROAD, COLUMBUS, OHIO 43235-2789, NO LATER THAN 1 APR. (SUMMER), 1 JUL. (FALL), 1 NOV. (SPRING SEMESTER/WINTER QUARTER, 1 FEB. (SPRING QUARTER) FAX: 614-336-7318 / EMAIL: ongps@ng.army.mil

(1) _____
 Last Name First Name Middle Initial SSN#

(2) _____
 Address City County State Zip

(3) () _____ Sex _____ Race _____
 Phone (Male or Female) (Caucasion,African-American,Hispanic, etc.)

(4) _____

Military Unit

(5) **Active Duty Exception (Deployment Wvr)** YES NO

(6) _____ (6) _____
 Name of institution previously attended Code Term Name / Month & Year

Name of institution requesting to attended Code Term Name / Month & Year

(7) **HOW MANY CREDIT HOURS FOR THE REQUESTED TERM?**

(8) **EMAIL #1** _____ **EMAIL #2** _____

I affirm that I have signed and understand the "Statement of Understanding" (AGOH 621-1 dtd **1OCT11**) and the above information is true to the best of my knowledge.

(9) _____
 APPLICANT'S SIGNATURE DATE

(10) **WITHDRAWAL/REMOVAL**

WITHDRAWAL I will **NOT** be attending next term: _____ School Code _____

APPLICANT'S SIGNATURE DATE SIGNED

REMOVAL

(11) **REMOVAL** The soldier's name above is no longer considered as "a member in good standing" with this unit and I request that his/her tuition grant be immediately terminated as set forth in AGOR 621-1/35-1. Reason for this termination request is:

Signature of Unit Commander DATE SIGNED