



West Point

The United States Military Academy

Directorate of Admissions – Applicant Data & Checklist
Military Academy Liaison Officer (MALO) Program (v082114)



| Ready | Personal Information | Info / Date |
|-------|---|---|
| | Full Name: | |
| | Home Address: | |
| | City, State & Zip +4: | |
| | DOB: | |
| | Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Race: | |
| | Ethnicity: | |
| | Home "Land-Line" Phone Number: | |
| | Work "Land-Line" Phone Number: | |
| | Military Duty Phone Number: | |
| | Cell-phone Number: | |
| | Email Addresses | |
| | Home/Personal Email Address: | |
| | Work Email Address: | |
| | Military Email Address: | |
| | Military/Medical Readiness Information | Info / Date |
| | Branch: | |
| | Duty AOC: | |
| | Rank: | |
| | Date of Rank: | |
| | MRD Date: | /Must have 4 years remaining on reserve duty IOT become a MALO |
| | PEB Date: | |
| | RYE Date: | |
| | Security Clearance: | (Issue Date): _____ |
| | Dental Panorex on File: | |
| | Medical Examination within 5 years: | (Date of Examination): |
| | or PHA within 12 months: | (Date of PHA): |
| | PULHES & Date | Date: |
| | HIV Date | |
| | DA Photo ≤ 3 years of current Rank: | (Photo Date): / Submit with Form |
| | APFT within 12 months: | <input type="checkbox"/> Pass / <input type="checkbox"/> Fail / (Date): / Submit APFT Card with Form |
| | Height/Weight: | <input type="checkbox"/> Go / <input type="checkbox"/> No-Go / (Date): / Submit APFT with Form |
| | DA 5500/5501: | If "taped," provide copy of DA 5500/5501 with both signatures |
| | Provide a Current (up-to-date) ARB/ORB/2-1: | Submit with Form |
| | Have you received any UCMJ actions during your active or reserve duty period: | <input type="checkbox"/> Yes (No-Go) <input type="checkbox"/> No (Go) |
| | Is your military file "FLAGGED" for any action: | <input type="checkbox"/> Yes (No-Go) <input type="checkbox"/> No (Go) |
| | Military Duty Status | |
| | Military Status: | <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve Duty |

| | | |
|--|---|---|
| | Reserve Affiliation: | <input type="checkbox"/> TPU <input type="checkbox"/> IMA <input type="checkbox"/> IRR <input type="checkbox"/> Mil-Tech <input type="checkbox"/> AGR <input type="checkbox"/> NG |
| IRR / A-HRC POC Information | | |
| | A-HRC Branch Manager: | |
| | A-HRC BM Office Phone: | |
| | A-HRC Email Address: | |
| Reserve Unit Information | | |
| | Unit Name: | |
| | Unit UIC: | |
| | Unit Address: | |
| | Unit City, State Zip +4 | |
| | Unit/HHC Commander Name: | |
| | Commander's Phone Number" | |
| | Commander's Email Address: | |
| | Most Recent Completed OER: | (Thru Date): / Submit with Form |
| | Current OER Rating Period: | (Start Date): / (Thru Date): |
| | Current - Rater Name: | |
| | Current Rater Email Address: | |
| | <u>TPU/IMA</u> Unit Permission for MALO Duties: | /Submit with Form (we have a memo template) |
| Education Information | | |
| | Undergraduate Degree: | <input type="checkbox"/> B.A. <input type="checkbox"/> B.S. |
| | Major: | |
| | Year Graduated: | |
| | College Name: | |
| | Graduate Degree: | <input type="checkbox"/> M.A. <input type="checkbox"/> M.S. <input type="checkbox"/> Ed.D. <input type="checkbox"/> J.D. <input type="checkbox"/> Ph.D. |
| | Major: | |
| | Year Graduated: | |
| | College Name: | |
| Civilian Employer Information | | |
| | Position/Title: | |
| | Employer: | |
| Requested Congressional District(s) | | |
| | State: | |
| | Primary (input one district): | |
| | Alternate/Additional: | |

Instructions:

- (a) Use this checklist to collect and submit data and documentation to the Admissions' Reserve Affairs Office
- (b) You may type on this form or print the form and use an ink pen to annotate your information.
- (c) Please note the requested forms (photo, most recent OER, etc) that you must return with this completed checklist

Admissions Use Only - Region: FW GL NE SE SW

FOUO: User ID -

Date: