Print Form

UNITED STATES MARINE CORPS OFFICER SELECTION OFFICE

FORM APPROVED O.M.B. 0703-0012

IN REPLY REFER TO

			1131
Address			oso
City	State	Zip Code	DATE:
Phone Number			
Dear			
The person listed below has applied for e has given your name as a reference.	nrollment in an officer	r training program of th	e Marine Corps, and
This is a program leading to appointment selection of candidates for appointment a information regarding the applicant's back	is officers, decisions a	are made on the basis of	of all available relevant
personal characteristics. For some of the records, test results, and employment records.	qualities, subjective cords. However, such	evaluations can be ma intangible qualities as	de from academic personal
characteristics of the candidate can be be personal knowledge of the candidate. To schedule on the reverse side of this letter	this end, I ask you to	check the appropriate	columns on the rating
you consider pertinent and helpful to a pa evaluate the officer potential of the applic	anel of officers at Hea		
The information you furnish will be treater P1100.73 series. While you are not requ	d confidentially. This ired to respond, your	form is authorized by N cooperation in this mat	Marine Corps Order ter is greatly
appreciated.			
Enclosed is a return addressed, postage schedule.	free envelope for you	r convenience in return	ning the rating
	Sincerely,		
	INITIALS OSO		LAST NAME USMC
NAME OF APPLICANT			
DATES OF ATTENDANCE			
ADDRESS			

Reset Form

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for information Operations and Reports (0703-0012), 1215. Jefferson Davis Highway, Suite 1204, Artington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT return your application to the above address. Return completed application to the addresses shown on the application instruction sheet.

REFERENCE QUESTIONNAIRE INSTRUCTIONS Evaluate the candidate on all sixteen of the factors listed below. Mark only one choice that best describes the qualities of the applicant in relation to those of his/her peers. BASE YOUR EVALUATION ON THE FOLLOWING SCALE: BELOW AVERAGE SUPERIOR - Outstanding potential based BELOW AVERAGE - Capabilities on a lower NOT OBSERVED ABOVE AVERAGE on demonstrated performance scale than that of peers ABOVE AVERAGE - Demonstrates capabilities INFERIOR - No capabilities or growth SUPERIOR potential demonstrated NFERIOR AVERAGE AVERAGE - Demonstrates capabilities NOT OBSERVED - Insufficient contact typical of peem to give an opinion Academic Potential 2. Respect Tendered by peers 3. Ability to accept critcism by seniors 4. Ability and willingnes to conform to established rules of conduct 5. Ability to adapt to demands of close group-living 6. Interest and willingness to accept responsibilities inextracurricular activities 7. Ability to make friends easily 8. interest in participating in competitive situations 9. Ability to work towards goal when in a subordinate positions Ability to influence others in definite lines of action 11. Dexterity, agility, and physical coordination Ability to carry a demanding academic program at the college level 13. Ability to deal with frustration Personal appearance Ability to communicate verbally How well interest, and personality are related to a career in the military

GENERAL COMMENTS - IN YOUR OWN WORDS, PLEASE GIVE A SUMMARY EVALUATION OF THE APPLICANT

HOW LONG HAVE YOU KNOWN THE APPLICANT	RELATIONSH	RELATIONSHIP TO THE APPLICANT (Professor, Employer, etc.)		
SIGNATURE	PROFESSION	NAME OF FIRM OR INSTITUTION		

GENERALCOMMENTS (Cont.)				