

**Weekend Seminar Program Command Screening Checklist**

1. Purpose: To ensure Marines selected to attend the Weekend Seminar are fully qualified.

2. Information: PME schools are not screening institutions. In order to preclude Marines from being turned away upon arrival, it is necessary that parent commands ensure their Marines satisfy enrollment prerequisites set forth in MCO P 1553.4B, MARADMIN 421/14, and this checklist. A failure to satisfy any of the prerequisites on the checklist disqualifies a Marine from attending the Seminar.

3. Action: The completed Command Screening Checklist will be sent to Reserve Liaison Office at MCU\_CDET\_RLO@USMCU.EDU and will maintained in the Marine’s student academic record. The checklist will be destroyed upon completion of seminar.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Information** | | | | | | | |
| Name: Click here to enter text. | | | Grade: Click here to enter text. | | | | MOS: Click here to enter text. |
| DOD ID #: Click here to enter text. | | | Unit: Click here to enter text. | | | | MSC: Choose an item. |
| MarineNet User Name: Click here to enter text. | | | Unit POC: Click here to enter text. | | | | |
| Phone: Click here to enter text. | | | Unit POC email: Click here to enter text. | | | | |
| Seminar Attending: Choose an item. | | | Personal Email: Click here to enter text. | | | | |
| Reserve Status: Choose an item. | | | Home City, State: Click here to enter text. | | | | |
| **Prerequisites** | | | | **Yes** | **No** | **Remarks** | |
| 1. | Appropriate grade or selectee | | |  |  | Click here to enter text. | |
| DOR: | Click here to enter text. | |
| 2. | Completion of grade appropriate MarineNet Course | | |  |  | Note: EPME5000AA for Sgt, EPME6000AA for SSgt, EPME7000AA for GySgt | |
| Date completed: | Click here to enter text. | |
| 3. | Meets height/weight standards per MCO 6110.3 | | |  |  | Click here to enter text. | |
| Date of weigh-in: | Click here to enter text. | |
| Height: | Click here to enter text. | |
| Weight: | Click here to enter text. | |
| BF % (if required) | Click here to enter text. | |
| 4. | Assigned to the BCP and/or MAP program? | | |  |  | Click here to enter text. | |
| 5. | Are there any existing family or financial hardships that may preclude this Marine from completing the course? | | |  |  | Click here to enter text. | |
| 6. | Is this Marine scheduled for deployment or extended TAD during this course? | | |  |  | Click here to enter text. | |
| 7. | Has the Marine been previously disenrolled from the SNCOA or Seminar? | | |  |  | Click here to enter text. | |
| Reason: | Click here to enter text. | |
| Date disenrolled: | Click here to enter text. | |
| Location: | Click here to enter text. | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Unit Sergeant Major |  | Phone# |  | Signature |  | Date |

Unit Commanding Officer Phone# Signature Date