

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
**JUNIOR COMMISSIONED OFFICER STUDENT TRAINING AND EXTERN PROGRAM
(JRCOSTEP) STATUS REPORT**

INSTRUCTIONS: Complete Items I - IV

Sign and return to: JRCOSTEP COORDINATOR
Division of Commissioned Personnel, OSG
Parklawn Building, Room 4-35
5600 Fishers Lane
Rockville, MD 20857-0001

If any changes occur after submission of this form, please notify the above office immediately.

I. IDENTIFICATION DATA (print clearly or type answers to Items A-J):

A. Name: _____ B. Social Security Number: _____

C. Address (Current): _____

(City, State) _____ (Zip Code) _____ Area Code and Phone Number: (____) _____

Address (Permanent): _____

(City, State) _____ (Zip Code) _____ Area Code and Phone Number: (____) _____

D. School (Name): _____

(City, State) _____ (Zip Code) _____

E. Currently in: Undergraduate Graduate Program

F. Category or Major: _____ G. Year in School: _____

H. Projected date of graduation: _____ I. Degree(s) received or to be received: _____

J. If you are a senior, answer these questions:

1. Are you planning to enroll in graduate study? Yes No

2. If yes, name of college: _____

3. Major area of study: _____

4. Beginning date of graduate study: _____

5. Graduate degree pursued: _____

II. Are you required to serve in any non-Public Health Service Program after graduation in return for training funds received?

Yes No

If yes, EXPLAIN: _____

III. APPOINTMENT REQUEST

I wish to be considered for (check appropriate item(s)):

1. A future JRCOSTEP assignment from _____ through _____

2. Senior COSTEP (Senior Year or Final Graduate)

3. Extended active duty upon graduation

Date available: _____

Future Preference:

1. PHS Program interests: _____

2. Locations: _____

Note: If a new application is required for the Program(s) you checked, you will be advised.

IV. OTHER REQUEST

I do not wish to be considered for a JRCOSTEP assignment this year.

Send me information on the following PHS Program(s).

I wish to resign from JRCOSTEP and the Inactive Reserve. Terminate my commission immediately.

Signature: _____ Date: _____