



DoD Medical Examination Review Board
8034 Edgerton Drive, Suite 132
USAF Academy, Colorado 80840-2200

DET/FICE/UNIT

Transfer Request
To be completed by GAINING
program.

Please ensure that the below information is true and accurate. All spelling and annotated numbers must match applicant's legal name, Social Security Number (SSN), and Date of Birth. Transfer requests will only be processed from 15 Aug - 1 Jun (academic year).

Last Name

First Name

Middle Initial

Date of Birth

Last 4 - SSN

Email

Applicant Cell Phone

DET/FICE/Unit

Servicing Branch

Currently enrolled &
present at Institution

Yes

No

*If Marine Officer/PLC, please complete :

Applicant Address

City

State

Zipcode
