From: New Student Orientation Coordinator, Naval ROTC Unit, University of South Carolina
To: Prospective Naval ROTC College Program Students
Subj: NAVAL ROTC PROSPECTIVE COLLEGE PROGRAM STUDENT LETTER

Encl: (1) New Student Orientation Gear Checklist
(2) Document Return Checklist
(3) Confirmation Of Intent To Participate In The NROTC College Program
(4) Memorandum Of Understanding
(5) Standard Release Form
(6) Uniform Measurement Sheet
(7) Electronic Personnel Security Questionnaire
(8) Student Questionnaire
(9) College Program Application
(10) Report of Medical Examination

1. Greetings from Gamecock Country! I would like to take this opportunity to thank you for your interest in the University of South Carolina (USC) Naval Reserve Officer Training Corps (NROTC) Unit. Every year, we welcome a select number of applicants to our Unit as non-scholarship College Program students, who participate fully in all of our events and compete for the opportunity to commission in the United States Naval Service. Through this program we are only commissioning Unrestricted Line (URL) officers. We do not offer a Nursing option at this time. The forms in this package comprise your application to our Unit as a College Program student, and we look forward to reviewing your application. If accepted, your time here will prove to be challenging but rewarding. We are here to prepare young men and women mentally, morally and physically to serve as commissioned officers in the United States Navy and United States Marine Corps.

2. Alumni Association Scholarship. For those that are admitted to our program as College Program students, and remain active in the program, our strong Alumni Association provides scholarships to out-of-state students that enable them to pay a Deparmental Scholarship rate, of approximately $8000 per semester. Please visit the University of South Carolina’s Bursar website here: http://www.sc.edu/bursar/fees.shtml. This reduced tuition program is listed as UNDERGRADUATE - NONRESIDENT - SCHOLARSHIP -
WOODROW & DEPARTMENTAL. The general requirements for this
departmental scholarship are discussed here:
https://www.sc.edu/financialaid/scholarships/scholarships for non
residents/default.html, and
http://sc.edu/financialaid/scholarships/department_scholarships_s
chools_colleges_departments/default.php. A list of eligible
students will be submitted by the NROTC Unit Staff to the
Bursar’s Office one week before the semester, and those students
will automatically be granted the near in-state tuition rate.
Students remain eligible for the scholarship as long as they
complete New Student Orientation, remain active in the Unit,
demonstrate good aptitude for service, and earn above a 3.0 GPA.

3. Naval Science Class Registration. The Unit Staff wants to
ensure your transition to the Unit and to the University of South
Carolina is as seamless as possible. You need to attend a
University of South Carolina Orientation, typically conducted in
June or July in order to be ready to begin the semester before
arriving for New Student Orientation. During this visit, you
must enroll in Fundamentals of Naval Science (NAVY 101), Naval
Military Leadership (NAVY 111), and ROTC Conditioning Section 002
(PEDU 109-002). NAVY 101 is offered on Monday, Wednesday, and
Friday from 0830-0920. NAVY 111 is offered on Tuesdays from
0600-0800. PEDU 109 Section 002 is offered Monday and Wednesday
from 0600-0650. You must organize your Fall 2016 semester
schedule to accommodate these times.

4. New Student Orientation. In order to become better
acquainted with the NROTC program, you must attend our New
Student Orientation from August 10th through 14th. The program
will begin with an introductory brief held at 1400 Wednesday,
August 10th, in the drill hall of the USC ROTC Center. The ROTC
Center is located at 513 Pickens Street, Columbia, SC 29208.
This is between the cross streets of Blossom Street and Wheat
Street. Parking will be available behind the ROTC Center and
across the street.

5. Gear. Please see the gear list included in this packet as
enclosure (1). Make sure you have all of the necessary items
before arrival at the ROTC Center. You are also required to
arrive at USC with a military regulation haircut. This should be
interpreted as a short, tapered cut for men. Females will be
required to wear or tie their hair in a manner keeping with
Naval/Marine Corps Standards. All grooming standards are
delineated in the Navy and Marine Corps Uniform Regulations,
which can be found at the following links:
http://www.public.navy.mil/bupersnmc/support/uniforms/uniformregu
lations/Pages/default.aspx under Chapter 2 Grooming Standards, and
http://www.marines.mil/Portals/59/Publications/MCO%20P1020.34G%20W%20CH%201-5.pdf under Chapter 1 Section 7 Grooming.

6. Physical Readiness. During New Student Orientation you will be administered a Navy Inventory Physical Fitness Assessment (FPA) or a Marine Physical Fitness Test (PFT). Conduct a preliminary service-appropriate PFA or PFT and submit the results on enclosure (8). The Navy FPA consists of maximum sit-ups and push-ups in two minutes, followed by a timed 1.5 mile run. The Marine Corps PFT consists of maximum sit-ups in two minutes, pull-ups, and a timed 3.0 mile run. The score must be verified by a coach, gym teacher, school administrator, JROTC staff member, or active duty military member. You need prepare for this test by maintaing a physical fitness regimen over the summer focusing on upper body, core, and cardiovascular endurance. Furthermore, as a member of the Naval Service it is important for you to be able to swim at least 50 yards without stopping. Also on enclosure (8), give us an assessment of your swimming ability. Your response regarding your swimming ability will not be taken into consideration when your application is being considered for acceptance. However, there is a swim qualification required for later success in the program. Take swim lessons if you do not know how to swim. It will be essential for you to drink plenty of water during the week prior to arriving. The weather during New Student Orientation is expected to be hot and humid.

7. Personal Statement. One of the documents you must submit as part of your College Program Application is a personal statement, between 1 and 2 pages in length. This statement should address the topic of why you want to serve as an Officer in the United States Navy or United States Marine Corps (depending on which service you indicate on your College Program Application sheet and your Student Questionnaire). Beyond this general guidance, this essay is also an opportunity to discuss any leadership positions held, athletic endeavors, language expertise, and cultural experiences.

8. Dorm Move-In. Arrangements will be made for students to move into their dorms early on the morning of Wednesday, August 10th from 0800-1100, prior to the NSO swearing in ceremony at 1400. USC Student Housing move-in is scheduled to take place on Monday, August 15th. Please be advised that you will be unable to store personal belongings or dorm items at the Unit during New Student Orientation.
9. **Schedule.** Parents are invited to attend the Swearing In Ceremony at the ROTC Center at 1400 on Wednesday, August 10th. Following the ceremony, students begin New Student Orientation, while parents will be able to ask questions and talk with their students' advisors and the rest of the Unit Staff. Students will remain at the ROTC Center until they are released each evening to sleep in their dorm rooms. The indoctrination will consist of classes on Navy Core Values, customs and courtesies, uniform regulations, and other professional development topics. There will also be physical training and drill. New Student Orientation will conclude on the evening of Aug 14th, at which time students will be allowed to return to their dorms to prepare for classes. If students need to meet with their advisors or take language placement tests, these events should be scheduled outside of New Student Orientation time.

10. **Administrative and Medical.** You must fill out the forms included with this letter and send them to the New Student Orientation Coordinator by May 1st. The preferred method of returning documents is as a PDF file, which can be sent to: NAVYROTC@mailbox.sc.edu. Forms can also be submitted by mail to: New Student Orientation Coordinator, NROTC Unit University of South Carolina, 513 Pickens Street, Columbia, SC 29208-0064. Use the Document Checklist to ensure you fill out and return all of the enclosures. The forms are primarily for administrative and medical purposes, and will serve as the basis for decisions by the officers on the Acceptance Board regarding which applicants will be accepted into our Unit as College Program students. Please print clearly in black ink on all forms. You need to have the Report of Medical Examination (enclosure 10) filled out and signed by a physician before you can participate in the New Student Orientation program. You must also send a copy of your birth certificate with the forms and **bring your original** with your on the first day of New Student Orientation. You will not be enrolled in NROTC or receive any benefits until all paperwork is complete.

11. **Timeline.** Again, completed applications are due by May 1st. An early Acceptance Board will convene in late April and extend offers to the most competitive students no later than April 30th. In order to be eligible for this board, packages must be received no later than April 13th. Once all applications have been submitted, the Acceptance Board will convene again and extend offers to those students who have been accepted. You should expect to hear from us by June 1st regarding our decision on your package.
12. Should you have any questions concerning these forms or any of the requirements associated with the program, please contact us at NAVYROTC@mailbox.sc.edu or call the New Student Orientation Coordinator at (803) 777-4150 or (803) 777-3451.

13. You are embarking on an ambitious and important mission here at the University of South Carolina NROTC Unit. The Naval ROTC staff looks forward to meeting you. Congratulations on your decision to serve your country!

J. D. GUISE
LT USN
NEW STUDENT ORIENTATION GEAR CHECKLIST

ALL ITEMS FOR NEW STUDENT ORIENTATION SHOULD BE ACCESSIBLE WHEN STORED IN THE STUDENT’S DORM ROOM:

☐ ORIGINAL BIRTH CERTIFICATE (FOR VERIFICATION PURPOSES)

☐ (1) PAIR OF GOOD RUNNING SHOES (NO TRACK CLEATS OR TOE SHOES ARE PERMITTED)

☐ (2) POLO STYLE SHIRTS

☐ (1) PAIR OF KHAKI TROUSERS OR SLACKS

☐ (1) PLAIN BROWN OR BLACK BELT

☐ (1) PAIR OF CLOSED TOE SHOES

☐ (5) PAIRS OF WHITE ATHLETIC SOCKS

☐ (5) SETS OF UNDERGARMENTS (FEMALES ARE REQUIRED TO HAVE (3) SPORTS BRAS FOR ATHLETIC EVENTS)

☐ (1) PAIR OF SHOWER SHOES (FLIP FLOPS)

☐ (1) DARK COLOR TOWEL

☐ (1) SOLID COLOR BATHING SUIT (ONE PIECE FOR FEMALES)

☐ (1) CELL PHONE

☐ (1) POCKET SIZE NOTEBOOK, WITH BLACK INK PEN(S)

☐ (1) BAG TO CARRY HYGEINE GEAR AND REQUIRED UNIFORMS TO AND FROM THE NROTC CENTER

☐ PERSONAL HYGIENE ITEMS INCLUDING SHAVING GEAR (FEMALES SHOULD BRING ANY NECESSARY ITEMS TO KEEP HAIR PROPERLY SECURED)

ADDITIONAL GUIDANCE: STORAGE SPACE AT THE ROTC CENTER IS LIMITED. STUDENTS ARE ADVISED AGAINST BRINGING ADDITIONAL ITEMS NOT INCLUDED ON THE GEAR LIST. PRESCRIPTION MEDICINES MUST BE IN ORIGINAL CONTAINERS AND SHOULD BE ACCOMPANIED WITH A COPY OF YOUR PRESCRIPTION. YOU ARE REQUIRED TO INFORM THE STAFF OF ANY PRESCRIPTION MEDICATIONS AND/OR MEDICAL CONDITIONS. BAGS AND HYGIENE KITS SHOULD BE AS COMPACT AS POSSIBLE.
Please verify that all of the following applicable documents are in the envelope or attached in an email before sending your package to the New Student Orientation Coordinator, NROTC Unit University of South Carolina, 513 Pickens Street, Columbia, SC 29208-0064 or NAVYROTC@mailbox.sc.edu by **1 May**.

All Incoming Students:
- Confirmation Of Intent To Participate In The Naval Reserve Officers Training Corps (NROTC) College Program
- Memorandum of Understanding
- Standard Release Form
- Uniform Measurement Sheet
- Electronic Personnel Security Questionnaire
- College Program Application
- Student Questionnaire
- Personal essay (1-2 pages in length)
  - Topic: "Why I want to serve as a Navy/Marine Officer"
- Copy of Birth Certificate
- Full-body Photo (submit electronically if possible)
- Copy of high school (college if applicable) transcripts
  - Official transcripts are preferred, but unofficial transcripts are acceptable if official are unavailable
- A copy of the immunization record that you provided to the university.
- Report of Medical Examination (3 pages)
CONFIRMATION OF INTENT TO PARTICIPATE IN THE NAVAL RESERVE OFFICERS TRAINING CORPS (NROTC) COLLEGE PROGRAM

Name: ________________________________

Please check the applicable response:

1. I □ have □ have not been accepted to the University of South Carolina (USC).
2. I □ do □ do not intend to attend USC.
3. I □ will □ will not participate in the NROTC Program as a College Program Student at USC.

THE HONOR CODE

For the Naval Reserve Officers Training Corps midshipman, those obligations are succinctly stated in the following honor code:

A MIDSHIPMAN DOES NOT LIE, CHEAT, OR STEAL

This is to certify that I have read and understood the NROTC Honor Code effective this date ____________________.

STATEMENT OF UNDERSTANDING - PHYSICAL FITNESS

During New Student Orientation, all students shall run a full Physical Readiness Test (for Navy Option Midshipmen) or a Physical Fitness Test (for Marine Option Midshipmen). All new students shall achieve passing scores in all events of the test, or they will face disenrollment from the NROTC program.

This is to certify that I have read and understood the physical fitness expectations.

Signature: ______________________________ Date: __________
MEMORANDUM OF UNDERSTANDING

I hereby authorize the Commanding Officer, NROTC Unit, University of South Carolina to provide such information from my University and Naval record (student file, academic and medical), as he/she deems necessary and appropriate, to the following personnel or agencies:

a. My parents or guardian.
b. Agencies of the Department of Defense.
c. University of South Carolina officials.

That this authorization constitutes an exception to the Family Educational Rights and Privacy Act of 1974 and is limited to the period of time that I am affiliated with the Naval Reserve Officer Training Corps or the University of South Carolina.

Such information as I desire released to any other persons or agencies must be accompanied by my specific authorization.

__________________________  __________________________
SIGNATURE                  DATE
STANDARD RELEASE FORM

I, ___________________________, a member of the Naval Reserve Officers Training Corps, in consideration of basic Scholarship/College Program participation in Naval Reserve Officers Training Corps, Battalion, University of South Carolina sponsored extracurricular activities, New Student Orientation from 10 August 2016 to 15 August 2015, do hereby release from any and all claims, demands, actions, or causes of action, due to death, injury, or illness, the government of the United States and all its officers, representatives, and agents acting officially and also the local regional and national Navy Officials of the United States.

I hereby authorize personnel of the Department of Defense, Armed Forces, Public Health Service, or civilian physicians to render such medical and dental care as may be necessary and medically indicated in my case during this period of activity, as is deemed necessary by a qualified practitioner.

I understand that care at a military medical facility for non-military dependents will normally be rendered on a temporary (emergency) basis only, if further care is indicated the patient will be transferred to nonmilitary care as soon as possible. Emergency care provided to midshipman who are not military dependents at a military medical facility may be subject to reimbursement, and I may be billed for the care provided. For Navy Medical Department facilities, such care is authorized by NAVMEDCOMINST 6320.3B.

I have no known medical conditions that might preclude or limit in any way my participation in the above-mentioned activities.

I have a current medical/dental insurance policy as follows:
Medical Insurance Company* Name:
Address:
Telephone:
Policy/ID Number:
Telephone Confirmation Number:

Dental Insurance Company* Name:
Address:
Telephone:
Policy/ID Number:
Telephone Confirmation Number:
* This insurance is not required. However, the information provided may be required to obtain non-emergency care.

I have the following known allergies:

I am taking the following medications or treatment:

PRIVACY ACT NOTIFICATION: Under the authority of 5 U.S.C. Sec. 301, the information regarding your health, medical condition and treatment is requested in order to verify any need, to administer medication and to enable medical/dental personnel to diagnose and treat any emergency condition which may arise during the above mentioned activities. Pursuant to the Privacy Act, 5 U.S.C. Sec. 552, the requested information will not be divulged without your written authorization to anyone other than NROTC area personnel involved with administration of NROTC activities and medical/dental personnel requiring the information in order to effectively treat any medical/dental problem which may arise. Disclosure is voluntary, however failure to provide the requested information will preclude your participation in the activity specified above.

Printed Name: ___________________________ Signature: ___________________________
Address: ___________________________ Phone Number: ___________________________
UNIFORM MEASUREMENT SHEET

NAME: _________________________ SEX: ______ OPTION: ________
(Last, First, MI) (M or F) (Navy or Marines)

Please complete each item below: MUST BE PROFESSIONALLY TAKEN!!!
(SIZES MUST BE LISTED TO THE NEAREST HALF INCH)

WAIST ______ INSEAM ______ CHEST ______ HEIGHT ______
(INCHES) (INCHES) (INCHES) (INCHES)

NECK ______ SLEEVE LENGTH ______
(INCHES) (INCHES)

COAT/ JACKET SIZE ______ DRESS SHIRT SIZE ______
(EXAMPLE: 44R) (EXAMPLE: 15/34)

TROUSER/SLACK SIZE ______
(EXAMPLE: 15/34)

PT SHIRT SIZE ______ PT SHORT SIZE ______
(EXAMPLE: M) (EXAMPLE: L)

SHOE SIZE/WIDTH ______
(EXAMPLE: 11.5M)

HEAD CIRCUMFERENCE/ HAT SIZE ______
(INCHES)

__________________________  ______________________
SIGNATURE  DATE

Enclosure (6)
ELECTRONIC PERSONNEL SECURITY QUESTIONNAIRE
(SF86 ABRIDGED WORKSHEET)

This document is meant to be an abridged information sheet in preparation for completing the SF86 on the Electronic Personnel Security Questionnaire (EPSQ). This is not a substitute for the actual SF86. DO NOT send this document to the Defense Security Service.

Keep the following in mind when completing the EPSQ:
• Indicate Unk (Unknown) or FNU (First Name Unknown), MNU (Middle Name Unknown) or LNU (Last Name Unknown) if names are ABSOLUTELY irretrievable.
• Dates should be formatted as YYYY/MM/DD (e.g., 1995/03/28).

PERSONAL INFORMATION
Name: First: ___________________ Middle: ________________
Last: ________________________
Suffix (i.e.: II, III, or Jr.)*: ____________________________
SSN: __________________________
Birth Date: _____________________ (YYYY/MM/DD)
City/State of Birth: __________________________________________
County of Birth *: __________________________________________
Country of Birth: ____________________________ Gender:
Male Female
Maiden name (if applicable):
First: ________________Middle: ____________ Last: ________________
Work Phone: _____________________ Day/ Evening (circle one).
Home Phone: _____________________ Day/ Evening (circle one).
Height: ________________________ (Feet/Inches: e.g., 5/11)
Weight: ______________________ (Pounds)
Hair color: ______________________
Eye color: ______________________
STUDENT QUESTIONNAIRE

NAME (Last, First, Middle): ________________________________

NAVY OR MARINE OPTION: ______ SCHOLARSHIP/COLLEGE PROGRAM ______

GENDER (circle one): MALE FEMALE

HEIGHT (in inches): ______ WEIGHT (in lbs.): ______

RESIDENCE: ______ (For Tuition Purposes)
R = Resident of South Carolina
N = Non Resident of South Carolina

INITIAL MAJOR: ____________

MARITAL STATUS
M = Married
D = Divorced
S = Single

NUMBER OF DEPENDENTS: (For whom the student is responsible) ______

EAGLE SCOUT (YES/NO): ______

MILITARY: Child of a career military member (YES/NO): ______

HIGH SCHOOL TYPE: ______
0 = Not Applicable (GED)
1 = Public (graduating class greater than 100)
2 = Public (graduating class less than 100)
3 = Private (graduating class greater than 100)
4 = Private (graduating class less than 100)

DEMOGRAPHIC: ______
1 = Urban (city greater than 500,000)
2 = Suburban (city less than 500,000)
3 = Rural farming/country environment

STUDENT'S LEVEL OF COMFORT IN THE WATER: ______
1 = Able to easily swim 500 or more yards
2 = Able to swim between 50 and 500 yards
3 = Able to swim 50 yards, but with some difficulty
4 = Able to stay afloat but not a good swimmer
5 = Not at all comfortable in the water or swimming

***NOTE: this will NOT be used in admissions decisions.***

NAVY: 1.5 MILE RUN TIME: ______ SIT-UPS: ______ (IN 2 MINUTES)
PUSH-UPS: ______ (IN 2 MINUTES)

MARINES: 3 MILE RUN TIME: ______ CRUNCHES: ______ (IN 2 MINUTES)
PULL-UPS: ______

Verification of Physical Test scores:

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<th>Name</th>
<th>Position/Title</th>
<th>Phone Number</th>
<th>Signature</th>
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Enclosure (8)
RACE: _____ (See Race and Ethnic Codes Below)

ETHNICITY: _____ (See Race and Ethnic Codes Below)

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NAVAL RESERVE OFFICERS TRAINING CORPS
COLLEGE PROGRAM APPLICATION

Privacy Act Statement

Authority: The authority to request this information is contained in: 5 USC § 301 (Authorizing Forms and Regulations); Executive Order 9397 (Use of Social Security Numbers).

Principal Purpose(s): To be completed by applicants for the Naval Reserve Officers Training Corps (NROTC) College Program.

Routine Use(s): Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 CFR § 701.112, http://www.privacy.navy.mil and the routine uses set forth here.

Disclosure: You are not required to provide this information; however, failure to do so will result in an inability to fairly evaluate your application and may result in an inability to process the application.

Personal Information

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Are you a U.S. Citizen?    Yes  No

If Naturalized, give date, place, court, and certificate number:

USN  USMC

Military Experience and Training (Past and Present, if any)

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<tr>
<th>Service</th>
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<tr>
<td>Civil Air Patrol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (NDCC, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Extracurricular Activities

READ CAREFULLY: Identify only those activities in which you engaged during school grades 9-12. NROTC is particularly interested in identifying activities in which an applicant has participated involving responsibility and leadership.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Position(s) Held</th>
<th>Hrs/ Wk</th>
<th>Grades of Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Athletic Activities</th>
</tr>
</thead>
</table>

READ CAREFULLY: Identify only those sports which you participated in during school grades 9-12. Mark the year in which you received a letter and/or you were on varsity. Mark the box if you participated in JV or on a club team during any year. Do not list Intramural activity.

<table>
<thead>
<tr>
<th>Sport</th>
<th>Letter</th>
<th>Varsity</th>
<th>JV/Club</th>
<th>Position(s) Held</th>
<th>Awards/Recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Other Activities

Attach additional sheets, if needed, to identify other activities not listed above that involve considerable responsibility and leadership. List positions held and the average number of hours devoted per week to the activity.
### Employment
List in chronological order beginning with the most recent, each period of full-time, part-time, or self-employment. List inclusive dates for each period. If discharged for cause from any employment, so state. Include any leadership responsibilities.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Employer Name and Address</th>
<th>Hrs/Wk</th>
<th>Type of Work Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Education
List in chronological order beginning with the most recent school attended. Include any/all college work, whether or not a degree was earned. Attach transcripts.

<table>
<thead>
<tr>
<th>Dates</th>
<th>School Name and Address</th>
<th>Major</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Academics

<table>
<thead>
<tr>
<th>PSAT</th>
<th>Verbal:</th>
<th>Math:</th>
<th>High School Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAT</td>
<td>Verbal:</td>
<td>Math:</td>
<td>Class Rank:</td>
</tr>
<tr>
<td>ACT</td>
<td>Verbal:</td>
<td>Math:</td>
<td>GPA:</td>
</tr>
</tbody>
</table>

Answer the following questions. If you answer YES, provide explanations on an additional sheet.

1. Have you ever applied for or signed any agreement concerning any program leading to a commission in any of the Armed Forces of the United States? (If you answer YES, list the date, place of application, program applied for and current status of application.)

   - Yes
   - No

2. Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States? (If you answer YES, list the date, place, service and current status of enlistment.)

   - Yes
   - No

3. Have you ever been arrested, detained, indicted, summoned into court, or convicted for any violation of civil or military law, including juvenile offenses and moving traffic violations? (If you answer YES, give complete description of incident, name and place of court, nature of offense, date and disposition of case.)

   - Yes
   - No

4. Are you currently awaiting trial or sentence, on probation, under suspended sentence or under any other type of military or civilian restraint as a result of violation of law or regulation?

   - Yes
   - No

5. Have you ever been known by any other name or names other than that used in this application? (If you answer YES, even if such differences were only differences in spelling, explain in affidavit form and submit with application.)

   - Yes
   - No

6. Do you have any moral obligations or personal convictions that will prevent you from conscientiously bearing arms and supporting and defending the Constitution of the United States against all enemies, foreign and domestic?

   - Yes
   - No

7. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or dentist? (If you answer YES, attach a statement with the full circumstances, number of times used, amounts taken, period over which taken, and intent for further use.)

   - Yes
   - No

8. Have you ever been arrested or convicted of trafficking illegal drugs?

   - Yes
   - No

9. Have you ever used LSD, marijuana, sniffed glue or used any other hallucinogens, hypnotic, stimulants, or other known harmful or habit-forming drugs and/or chemicals? (If you answer YES, attach a statement with the full circumstances, number of times used, amounts taken, period over which taken, and intent for further use.)

   - Yes
   - No

I certify that all information given by me is complete and correct to the best of my knowledge. I understand that this applicant questionnaire does not obligate me in any way, and that I may withdraw my application at any time.

Signature

Date

### NROTC COLLEGE PROGRAM OATH

“I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of office on which I am about to enter. So help me God.”

Signature

Date

NSTC 1533/133 (10-11)
REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS.)

The public reporting burden for this collection of information is estimated to average 10 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 the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1165 Defense Pentagon, Washington, DC 20301-1165 (0704-0413). 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 FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT


PRINCIPAL PURPOSE(S): The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD physicians in making determinations as to the acceptability of applicants for military service and verifies disqualifying medical condition(s) noted on the prescreening form (DD 2807-2). An additional collection of information form occurs when a Medical Evaluation Board convenes to determine the medical fitness of a current member if separation is warranted. Completed forms are covered by recruiting, medical evaluation board, and official military personnel files for maintenance by each of the Services.

ROUTINE USE(S): The Blanket Routine Use finds at http://privacy.defense.gov/bru.php#S9 applies to this collection.

DISCLOSURE: Voluntary. However, failure by an applicant to provide the information may result in delay or possible rejection of the individual’s application to enter the Armed Forces. An applicant’s SSN is used during the recruiting process to keep all records together and when requesting civilian medical records. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. The SSN of an Armed Forces member is to ensure the collected information is filed in the proper individual’s record.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a $10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)
2. SOCIAL SECURITY NUMBER
3. TODAY’S DATE (YYYY/MM/DD)

4.a. HOME ADDRESS (Street, Apartment No., City, State, and Zip Code)

b. HOME TELEPHONE (Include Area Code)

5. EXAMINING LOCATION AND ADDRESS (Include Zip Code)

X ALL APPLICABLE BOXES:

6.a. SERVICE

<table>
<thead>
<tr>
<th>Army</th>
<th>Coast Guard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Navy</td>
<td></td>
</tr>
<tr>
<td>Marine Corps</td>
<td></td>
</tr>
<tr>
<td>Air Force</td>
<td></td>
</tr>
</tbody>
</table>

b. COMPONENT

<table>
<thead>
<tr>
<th>Regular</th>
<th>Reserve</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Guard</td>
<td></td>
</tr>
</tbody>
</table>

6.c. PURPOSE OF EXAMINATION

<table>
<thead>
<tr>
<th>Enlistment</th>
<th>Commission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention</td>
<td>Separation</td>
</tr>
</tbody>
</table>

7.a. POSITION (Title, Grade, Component)

<table>
<thead>
<tr>
<th>Medical Board</th>
<th>Other (Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirement</td>
<td>U.S. Service Academy</td>
</tr>
<tr>
<td>ROTC Scholarship Program</td>
<td></td>
</tr>
</tbody>
</table>

b. USUAL OCCUPATION

8. CURRENT MEDICATIONS (Prescription and Over-the-counter)

9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)

Mark each item “YES” or “NO”. Every item marked “YES” must be fully explained in Item 20 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:

10.a. Tuberculosis

b. Coughed up blood

c. Coughed up blood

d. Asthma or any breathing problems related to exercise, weather, pollens, etc.

e. Shortness of breath

f. Bronchitis

g. Wheezing or problems with wheezing

h. Been prescribed or used an inhaler

i. A chronic cough or cough at night

j. Sinusitis

k. Hay fever

l. Chronic or frequent colds

11.a. Severe tooth or gum trouble

b. Thyroid trouble or goiter

c. Eye disorder or trouble

d. Ear, nose, or throat trouble

e. Loss of vision in either eye

f. Worn contact lenses or glasses

g. A hearing loss or wear a hearing aid

h. Surgery to correct vision (PRK, PKR, LASIK, etc.)

12. (Continued)

12.c. Arthritis, rheumatism, or bunions

d. Recurrent back pain or any back problem

e. Numbness or tingling

f. Loss of finger or toe

13.a. Frequent indigestion or heartburn

b. Stomach, liver, intestinal trouble, or ulcer

c. Gall bladder trouble or gallstones

d. Jaundice or hepatitis (liver disease)

14.a. Adverse reaction to serum, food, insect stings or medicine

b. Recent unexplained gain or loss of weight

c. Currently in good health (If no, explain in Item 20 on Page 2)

d. Tumor, growth, cyst, or cancer

DD FORM 2807-1, AUG 2011

DD Form 2807-1 is approved by ICARL, August 3, 2000. Previous edition is obsolete.
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in item 29 below.

**HAVE YOU EVER HAD OR DO YOU NOW HAVE:**

15. a. Dizziness or fainting spells  
   b. Frequent or severe headache  
   c. A head injury, memory loss or amnesia  
   d. Paralysis  
   e. Seizures, convulsions, epilepsy or fits  
   f. Car, train, sea, or air sickness  
   g. A period of unconsciousness or concussion  
   h. Meningitis, encephalitis, or other neurological problems  

16. a. Rheumatic fever  
   b. Prolonged bleeding (as after an injury or tooth extraction, etc.)  
   c. Pain or pressure in the chest  
   d. Palpitation, pounding heart or abnormal heartbeat  
   e. Heart trouble or murmur  
   f. High or low blood pressure  

17. a. Nervous trouble of any sort (anxiety or panic attacks)  
   b. Habitual slurring or stuttering  
   c. Loss of memory or amnesia, or neurological symptoms  
   d. Frequent trouble sleeping  
   e. Received counseling of any type  
   f. Depression or excessive worry  
   g. Been evaluated or treated for a mental condition  
   h. Attempted suicide  
   i. Used illegal drugs or abused prescription drugs  

18. **FEMALES ONLY. Have you ever had or do you now have:**
   a. Treatment for a gynecological (female) disorder  
   b. A change of menstural pattern  
   c. Any abnormal PAP smear  
   d. First day of last menstrual period (YYYYMMDD)  
   e. Date of last PAP smear (YYYYMMDD)  

19. a. Have you been refused employment or been unable to hold a job or stay in school because of:  
   b. Sensitive to chemicals, dust, sunlight, etc.  
   c. Inability to perform certain motions  
   d. Inability to stand, sit, kneel, lie down, etc.  
   e. Other medical reasons (If yes, give reasons.)  

20. Have you ever been treated in an Emergency Room? (If yes, for what?)  

21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)  

22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)  

23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)  

24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)  

25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)  

26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)  

27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)  

28. Have you ever been denied life insurance?  

29. **EXPLANATION OF "YES" ANSWER(S)** (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)

**NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "OPENED BY MEDICAL PERSONNEL ONLY."**
<table>
<thead>
<tr>
<th>LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
</table>

30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA *(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)*

a. COMMENTS

<table>
<thead>
<tr>
<th>b. TYPED OR PRINTED NAME OF EXAMINER (Last, First, Middle Initial)</th>
<th>c. SIGNATURE</th>
<th>d. DATE SIGNED (YYYY/MM/DD)</th>
</tr>
</thead>
</table>

DD FORM 2807-1, AUG 2011