XX April 201X

From: MIDN X/C NAME, USNR

To: Commanding Officer, NROTC Unit, University of South Carolina

Via: (1) Class Advisor, LT Alvarez

 (2) Executive Officer, NROTC Unit, University of South

Carolina

Subj: REQUEST TO HAVE CORNEAL REFRACTIVE SURGERY

ENCL: (1) Corneal Refractive Surgery Checklist for NROTC Midshipmen and Officer Candidates

 (2) Pre-Op Counseling for NROTC Midshipmen and Officer Candidates Considering Corneal Refractive Surgery

1. I have thoroughly reviewed the Navy’s policy concerning refractive surgery in the civilian sector and will comply with all requirements and expectations placed upon me. My estimated commissioning date is XX May 201X. I understand that a waiver will be necessary for commissioning and that the surgery may create complications that would physically disqualify me from service in the Navy. I also understand that all costs and follow-up procedures are solely my responsibility.
2. I respectfully request approval to have refractive surgery performed.

(SIGN HERE)

1. xxxxxxxx

FIRST ENDORSEMENT

From: Class Advisor, LT Alvarez

To: Executive Officer, NROTC Unit, University of South Carolina

1. Recommend Approval / Disapproval

 Reason:

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 Signature Date

SECOND ENDORSEMENT

From: Executive Officer, NROTC Unit, University of South Carolina

To: Commanding Officer, NROTC Unit, University of South Carolina

1. Recommend Approval / Disapproval

 Reason:

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 Signature Date

THIRD ENDORSEMENT

From: Commanding Officer, NROTC Unit, University of South Carolina

To: MIDN 1/C xxxxxxxx, USNR

1. Approval / Disapproval

 Reason:

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 Signature Date