

HAMPTON ROADS NAVY ROTC COLLEGE PROGRAM APPLICATION

PLEASE PRINT ALL INFORMATION LEGIBLY IN CAPITAL LETTERS

FULL NAME (NO INITIALS) _____
FIRST MIDDLE LAST SUFFIX

DATE OF BIRTH (ex: 1995JUN23) Y Y Y Y M M M D D SOCIAL SECURITY NUMBER _____

HOME OF RECORD _____
STREET ADDRESS (APARTMENT NUMBER)
CITY STATE POSTAL CODE

HOME PHONE NUMBER () - - CELL PHONE NUMBER () - -

EMAIL ADDRESS _____

UNIVERSITY (CIRCLE ONE) ODU NSU HU REGENT TCC SERVICE OPTION (CIRCLE ONE) NAVY MARINE

PRIOR MILITARY EXPERIENCE (CIRCLE ONE) ACTIVE RESERVE NONE BLOOD TYPE _____

INTENDED MAJOR _____

INTENDED GRADUATION DATE (ex: 2016SPRING) Y Y Y Y SEMESTER EXPECTED AGE BY COMMISSIONING (IF NO PRIOR MILITARY EXPERIENCE, CANNOT BE OLDER THAN 28)

EMERGENCY CONTACT _____
NAME PHONE NUMBER RELATIONSHIP TO YOU

HIGH SCHOOL NAME _____
GRADE POINT AVERAGE (4.0 SCALE) _____ PSAT VERBAL _____ MATH _____
CLASS RANK _____ OUT OF _____ SAT VERBAL _____ MATH _____
ASVAB _____ ACT VERBAL _____ MATH _____

NUMBER OF COLLEGE CREDITS EARNED TO INCLUDE ADVANCED PLACEMENT (AP), INTERNATIONAL BACCALAUREATE (IB), OR OTHER ACCREDITED COURSES _____

PLEASE INITIAL ON THE LINES TO VERIFY THAT YOU HAVE COMPLETED AND ATTACHED THE FOLLOWING FORMS TO YOUR APPLICATION. FAILURE TO PROVIDE COMPLETED FORMS MAY RESULT IN DELAY OR DISMISSAL OF YOUR APPLICATION.

- ___ ENCLOSURE (7) DD FORM 2807-1, REPORT OF MEDICAL HISTORY SIGNED BY DOCTOR
- ___ HIGH SCHOOL TRANSCRIPT
- ___ UNIFORM SIZING SHEET

PLEASE BRING THE FOLLOWING DOCUMENTS TO SUBMIT IN PERSON UPON CHECK-IN.

- COPY OF BIRTH CERTIFICATE
- COPY OF IMMUNIZATION SHOT RECORD
- COPY OF INSURANCE INFORMATION

Please contact the NROTC Unit Recruiting Officer at (800) 284-5562 or (757) 683-4741 or hrnrotc-recruiter@odu.edu to check the status of any forms you may have already submitted to the unit.



DEPARTMENT OF THE NAVY
NAVAL RESERVE OFFICERS TRAINING CORPS
HAMPTON ROADS
5215 HAMPTON BLVD
NORFOLK, VA 23529-0120

NROTCUHRINST 1533.7B
RECRUITER
25 Aug 15

NROTC UNIT HAMPTON ROADS INSTRUCTION 1533.7B

From: Commanding Officer, Naval Reserve Officers Training Corps Unit,
Hampton Roads

Subj: ACCEPTANCE PROCEDURES AND CRITERIA FOR COLLEGE PROGRAM (BASIC COURSE)
STUDENTS

Ref: (a) NSTC M-1533.2A
(b) OPNAVINST 6110.1J

Encl: (1) NROTC College Program Information Sheet
(2) NROTC College Program Application Guidelines
(3) NROTC 1533/5, Privacy Act Form
(4) NSTC 1533/133, NROTC College Program Application
(5) NSTC 1533/112, Statement of Understanding for NROTC
Applications
(6) NSTC 1533/101, Drug Statement
(7) DD 2807-1, Report of Medical History
(8) Post Application Guidelines
(9) Uniform Sizing Sheet

1. Purpose. These procedures formalize the application and acceptance process for the Naval Reserve Officers Training Corps (NROTC) College Program (Basic Course) per reference (a).

2. Cancellation. NROTCUHRINST 1533.7A

3. Background. The NROTC College Program exists for college students who wish to serve their country as commissioned officers, but who have not been awarded any form of a NROTC scholarship. College Program students are selected from those who have applied for enrollment at NROTCU Hampton Roads and sign a contract in which they agree to complete certain Naval Science courses and one summer training period (if selected for Advanced Standing). During the first two years in the program (Basic Course), students have the status of civilians who have entered into a contract with the Navy. During this period, they may hold concurrent status in the reserve component of any branch of service. When selected for the Advanced Course (Advanced Standing) at the beginning of their junior year of school, they enlist in the Naval or Marine Corps Reserve which earns them a subsistence allowance for a maximum of 20 months. The Navy provides all College Program students, both Basic Course and Advance Course, with uniforms and Naval Science textbooks during their time in the program. The NROTC students, upon graduation and completion of Naval Science requirements, is commissioned as an Ensign in the Navy or as a Second Lieutenant in the Marine Corps.

4. Action. When an existing student inquires about the NROTC College Program, he/she will be given enclosure (1). Should the student desire to become a midshipman under this program, he/she will be required to complete enclosures (2) through (7) and will provide a copy of their high school

and/or college transcript prior to the university's semester application deadline. The Recruiting Officer will review all applications from any student desiring to become a college programmer for completeness and submit it to the chain of command along with all other applications received prior to the university's semester application deadline.



D. S. CAVE

Distribution:

Old Dominion University
Hampton University
Norfolk State University
Regent University
Tidewater Community College
Battalion Website

NAVAL RESERVE OFFICERS TRAINING CORPS (NROTC) COLLEGE PROGRAM
INFORMATION SHEET

1. NROTC Unit Hampton Roads consortium is a four year Navy or Marine Corps officer training program consisting of Old Dominion University (ODU), Norfolk State University (NSU), and Hampton University (HU) with headquarters at ODU. The consortium also has cross-town agreements with Tidewater Community College (TCC) and Regent University (RU). Students attending any of the universities within the consortium, including the cross-town universities, are eligible for participation. TCC students are required to transfer to NSU or ODU prior to the start of their junior year of college. If you're interested in HU or NSU, be sure to speak with our Recruiting Officer about Minority Serving Institution Scholarship Reservation (MSISR) opportunities.

2. The primary objective of the NROTC College Program is to educate and train students for commissioning as officers in the United States Navy or Marine Corps. Navy Officers graduating from NROTC are eligible to serve in any of the unrestricted line warfare specialties. Marine Officers graduating from NROTC are eligible for any Marine Officer career fields.

3. If accepted into the NROTC College Program, you will be issued the uniform of a midshipman, which will be worn during our weekly drill period. You will be required to enroll in and complete the appropriate Naval Science courses (one three-hour credit course per semester, totaling 8 courses), participate in NROTC drill (one, one-hour lab period per week) and attend all battalion activities (including physical fitness sessions).

4. The College Program is a non-scholarship commissioning program that may lead each student down one of two tracks. Both programs are competitive and only a select number of students will be selected for either program.

a. Scholarship Program: Your military advisor will work with you to ensure you meet the requirements for the scholarship program. We do not admit students to the College Program who do not possess the potential for meeting the scholarship program's requirements. Two semesters of calculus and two semesters of physics are required to be completed for scholarship.

b. Advanced Standing: For students who do not wish to complete the more rigorous academic requirements of the Scholarship Program, Advanced Standing provides the opportunity to continue with the NROTC program after your sophomore year. You will earn a commission without the financial benefits of a NROTC scholarship.

5. Eligibility Requirements for College Program

a. Be motivated to serve as a commissioned officer in the Naval service.

b. Be a United States citizen or naturalized citizen of the United States or have submitted naturalization papers (must be naturalized prior to entry to Advanced Standing) and present official certified proof of citizenship.

c. Have no moral obligations or personal convictions that will prevent bearing of arms and supporting and defending the Constitution

of the United States against all enemies, foreign and domestic or to taking an oath to perform such acts.

d. Be at least 17 years of age on or before 30 September of the year of enrollment and less than 27 years of age on 31 December of the year an applicant expects to graduate, complete all NROTC training requirements, and be commissioned. Those with prior or current active duty in the Armed Forces may be granted age waivers equal to the number of months served. Those granted the maximum age waiver must not have reached their 30th birthday by 31 December of year graduation and commissioning are anticipated.

e. Be enrolled as a full-time student at a host institution or an institution with a crosstown-enrollment agreement.

f. Be a high school graduate or possess an equivalency certificate.

g. Minimum scores for entrance into the college program are as follows: Navy - SAT 500 Math/500 Critical Reading; ACT 21 Math/22 Verbal; high school GPA of 3.0. Marine - 1000 composite SAT; 22 composite ACT; 74 ASVAB score.

NOTE: If minimum score requirements are not met it is recommended that the student complete two semesters of college under a full-time course load and reapply at the end of the second semester. Additionally, the student should attempt the highest level of math the university will allow, as Calculus and Physics required if a scholarship is granted. The PNS will review the student's applications and college transcripts to assess their ability to succeed in the NROTC program.

h. Have no apparent physically disqualifying factors based on a review of the Report of Medical History [DD Form 2807-1](#).

i. Have the ability to meet the height/weight requirements.

j. Have no felony conviction or conviction by courts-martial.

k. Not be awaiting criminal trial or sentencing, or be under any other type of military or civil restraint as a result of violation of law or regulation, or have been convicted of an offense the nature of which renders the applicant unfit for commissioned service.

l. Be capable of completing the physical qualifications of the United States Navy or Marine Corps, including physical fitness and swimming requirements prior to acceptance into the advanced course. These requirements must be met in order to receive a commission.

m. Meet DoN requirements concerning use of drugs or alcohol in accordance with [OPNAVINST 5350.7](#) series.

n. Have no body piercings and tattoos that violate Navy or Marine Corps policy, as applicable.

o. Have two or more years of college coursework remaining until they receive a degree.

6. Eligibility requirements to transition to the Scholarship Program. College Program students in good standing become eligible for a full scholarship after completion of two semesters of college level courses. Scholarships are awarded by the Commander, Naval Service Training Command's Officer Development, Selection and Placement (OD2) and provide full tuition, monthly allowance up to \$400, and a book stipend per semester for course materials, textbooks and lab fees. Requirements include the following:

- a. Active participation in the unit for at least one semester.
- b. An earned Grade Point Average (GPA) of at least 2.5 while taking a minimum of 15 credit hours, which includes a 3 credit Naval Science course.
- c. Recommendation by the Commanding Officer of the NROTC Unit.
- d. Be selected by the Naval Service Training Command's Scholarship Board.
- e. Complete two semesters of college level calculus by the end of their sophomore year and two semesters of calculus-based physics by the end of their junior year.

7. Commissioning Requirements for Advanced Standing students (Non-Scholarship).

- a. Complete a degree in the desired major of study.
- b. Complete two semesters of math (College Algebra or higher) and two semesters of a Physical Science (Chemistry, Physics, Biology, Geology, etc.)
- c. Maintain full time student status.
- d. Maintain a minimum of a 2.0 cumulative GPA in major and in Naval Science classes.
- e. Maintain physical fitness standards for either the Navy or Marine Corps.
- f. Participate in all Naval Science courses and drill periods.
- g. Demonstrate acceptable aptitude for military service.
- h. Maintain an exemplary disciplinary record.

8. Physical Requirements. Must be in good overall health. Applicants must be able to participate in strenuous physical activity and not have any contagious disease, illness, or history of injury that will or is likely to require medical care or restriction of participation during training exercises or physical fitness testing. Navy option students shall attain a Physical Fitness Assessment score of "Good" in all categories to include the height/weight (BCA) standards, as defined by Navy standards per references (a) and (b).

9. Non-Selections. College Program students that have not been selected for either Scholarship or Advanced Standing before the beginning of their junior year will be dis-enrolled from the NROTC Program.

NAVAL RESERVE OFFICERS TRAINING CORPS (NROTC) COLLEGE PROGRAM
APPLICATION GUIDELINES

*** Applications for the Fall semester are due by 15 May. ***

1. Read and sign enclosure 3 - Privacy Act Statement.
2. Complete and sign enclosure 4 - College Program Application, NSTC 1533/133. Please do not sign the Oath on page 2 until directed.
3. Read and sign enclosure 5 - NSTC Statement of Understanding for NROTC Applications, NSTC 1533/112.
4. Read and sign enclosure 6 - NSTC 1533/101, Drug Statement
5. Complete and sign all forms in enclosure 7:
 - a. DD 2807 - Report of Medical History. Must be signed by a medical doctor. If you cannot get a physical examination prior to the deadline, turn your application in without this form.
 - b. NSTC 1533/138, Physical Activity Risk Factor Questionnaire.
6. Provide College and High School Transcripts (unofficial or official) for evaluation. Be sure to include the most up-to-date information available.
7. An unofficial copy of your SAT and/or ACT score report. This is not required for students already in college.
8. (Optional) Up to three letters of recommendation. Letters must be from individuals who know you well and who are not related to you. They should focus on your leadership potential, work ethic, character, and academics
9. (Optional) A personal statement of no more than 500 words describing your goals and how NROTC fits into them.
10. Return all completed paperwork to the Hampton Roads NROTC Recruiting Officer by any of the following methods and review enclosure (8) for additional guidance:
 - a. Hand-deliver to Room 201 of the NROTC building at Old Dominion University, 5214 Bluestone Avenue, Norfolk, VA.
 - b. Fax to the Recruiting Officer at (757) 683-4725.
 - c. Scan and email to hrnrotc-recruiter@odu.edu.
 - d. Mail to:

NROTC Unit Hampton Roads
Old Dominion University
ATTN: Recruiting Officer
5215 Hampton Blvd
Norfolk, VA 23529-0120

NAVAL RESERVE OFFICERS TRAINING CORPS HAMPTON ROADS CONSORTIUM
PRIVACY ACT STATEMENT

Under the authority of the 5 U.S.C.A. sect. 562, 10 U.S.C.A. sect. 6011, U.S. Navy Regulations (articles 0802 and 0819) and NSTCNOTE 5210 information regarding your personal background may be requested in order to provide the Naval Service Training Command's Selection and Placement Directorate with additional information upon which to recommend you for the NROTC College Program. The information provided by you will become a permanent part of the NROTC College Program application and may be used by officials of the Department of the Navy in making recommendations or decisions regarding your acceptance and by employees and officials of the Department of Defense, the Veterans' Administration and/or other Federal or State agencies in the performance of their official duties. You are not required to provide this information; however, failure to do so could result in the failure to obtain approval for acceptance into the NROTC College Program.

I, _____, SSN: XX – XXX - _____, fully understand the privacy act statement listed above in regards to my NROTC College Program application.

(Date)

(Signature)

Witness:

(Printed Name/Rank)

(Signature)

**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

Name		SSN (last 4)	Date of Birth
Phone Number	Cell Phone Number	Place of Birth	
Current Mailing Address		Name of Parent/Guardian	
		Address of Parent/Guardian	
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If Naturalized, give date, place, court of jurisdiction, and certificate number			

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

Service	Dates of Service	Highest Rank	EAOS	Type of Discharge
Training Programs	Position(s) Held	Awards	Grades of Participation	
JROTC (Service _____)			<input type="checkbox"/> 9	<input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Civil Air Patrol			<input type="checkbox"/> 9	<input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Other (NDCC, etc.)			<input type="checkbox"/> 9	<input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

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.

Organization	Position(s) Held	Hrs/ Wk	Grades of Participation			
			<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
			<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
			<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
			<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
			<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

Athletic Activities

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.

Sport	Letter	Varsity	JV/Club	Position(s) Held	Awards/Recognition
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/>		
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/>		
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/>		

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.

Dates		Employer Name and Address	Hrs/Wk	Type of Work Performed
From	To			

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.

Dates		School Name and Address	Major	Degree
From	To			

Academics

PSAT	Verbal: _____	Math: _____	High School Name: _____	
SAT	Verbal: _____	Math: _____	Class Rank: _____	Class Size: _____
ACT	Verbal: _____	Math: _____	GPA: _____	GPA Scale: _____

Answer the following questions. If you answer YES, provide explanations on an additional sheet.	Yes	No
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.)	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been arrested or convicted of trafficking illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>

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
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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
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CERTIFICATIONS AND STATEMENTS OF UNDERSTANDING FOR NAVAL RESERVE OFFICER TRAINING CORPS APPLICATIONS

OMB Control Number: 0703-0026, Exp. _____

AGENCY DISCLOSURE STATEMENT

The public reporting burden for this collection of information is estimated to average 4 hours 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 the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0703-0026). 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 RESPONSE TO THE ABOVE ADDRESS.

Responses should be sent to:
 Commander
 Naval Service Training Command
 2601A Paul Jones Street
 Great Lakes, IL 60088

PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974 BEFORE COMPLETING THE APPLICATION.

1. **AUTHORITY:** The authority to request this information is contained in: 5 U.S.C. § 301 (Authorizing Departmental Forms and Regulations); 10 U.S.C. § 2107 (Financial Assistance Program); and Executive Order 9397 (Use of Social Security Numbers).
2. **PRINCIPAL PURPOSE(S):** The information you provide will be used to determine whether you qualify, and should be nominated for, an NROTC Scholarship. If you are nominated, the information will be used to enroll you into NROTC and will be used by the Navy in its management of the NROTC program. The following systems of records notices cover the collection of this information: N01131-1 located at <http://dpclio.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>, and N0180-3 located at <http://dpclio.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6410/n0180-3.aspx>
3. **ROUTINE USE(S):** Information provided on the application will be used to screen and select individuals to receive NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to scholarship applicants from previous or subsequent years, and to provide academic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants for recruitment purposes. 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 C.F.R. § 701.112, <http://www.privacy.navy.mil/> and the routine uses set forth here. If you are nominated for an NROTC Scholarship, the information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process.
4. **DISCLOSURE:** The social security number (SSN) is required at the time of application to ensure proper identification of the applicants. There are times applicants have the same names, therefore the SSN is required to ensure proper identification. Providing the requested information is voluntary. However, failure to do so may result in our inability to process your application for the NROTC program.

Please read and initial by each of the following statements below indicating your certification or understanding of each

CERTIFICATIONS

1. _____ I certify that all of the information that I provided in the electronic application is complete and correct to the best of my knowledge.
2. _____ I certify that I have no moral obligations, personal convictions or beliefs, which would prohibit my serving in an unrestricted military status. This includes the bearing of arms and supporting and defending the Constitution of the United States against all enemies foreign and domestic.
3. _____ I certify that I solely composed the essay(s) submitted with my electronic application.

STATEMENTS OF UNDERSTANDING

1. _____ I understand that the information that I have provided electronically is only a partial application and that I must complete all additional requirements and achieve qualifying SAT/ACT scores before my application will be processed.
2. _____ I understand that I must enroll in the Tier Major that is contained in my application that was presented before the board. See the following link for details on academic Tier Majors: https://www.nrotc.navy.mil/scholarships_criteria.aspx
3. _____ I understand that I will receive scholarship benefits for a maximum of four academic years. However, if I receive my Baccalaureate Degree earlier than four academic years, I shall not be eligible for any further scholarship benefits. See the following link for details on scholarship benefits: <https://www.nrotc.navy.mil/scholarships.aspx>
4. _____ I understand if I enter the NROTC program having already earned college credit, I am expected to use any allowable credits towards my degree to accelerate the completion of my Baccalaureate Degree.
5. _____ I understand that upon successful completion of the NROTC program I may be offered a commission in one of the Navy's Unrestricted Line communities (Surface Warfare, Submarine Warfare, Aviation, Special Warfare and Explosive Ordinance), requiring a minimum of five years of active military service. If I do not accept my commission, I may be required and have an obligation to pay back the government of the United States of America an amount equal to the benefits I received under the scholarship or serve a period of Active Enlisted Service at the discretion of the Secretary of the Navy.
6. _____ I understand that I will be required to sign and agree to the terms in the NROTC Scholarship Contract (NSTC 1533/135) upon activating my scholarship when I report to my assigned NROTC unit.
7. _____ I understand that if any of the information I provided herein or in any part of my application is inaccurate, false or misleading, it may result in my non-selection for an NROTC scholarship and make me ineligible for continued participation in the NROTC program.

Warning: Any intentionally false or misleading statement, certification, or response you provide is a violation of the law punishable by a fine of not more than \$10,000, or imprisonment of not more than 5 years, or both (18 U.S.C. § 1001).

Signature of Applicant

Signature of Witnessing Official

Printed Name of Applicant

Printed Name of Witnessing Official

Date

Date

DRUG STATEMENT FOR NAVAL RESERVE OFFICER TRAINING CORPS APPLICATION

OMB Control Number: 0703-0026, Exp. _____

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Commander
Naval Service Training Command
2601A Paul Jones Street
Great Lakes, IL 60088

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- AUTHORITY:** The authority to request this information is contained in: 5 U.S.C. § 301 (Authorizing Departmental Forms and Regulations); 10 U.S.C. § 2107 (Financial Assistance Program); and Executive Order 9397 (Use of Social Security Numbers).
- PRINCIPAL PURPOSE(S):** The information you provide will be used to determine whether you qualify, and should be nominated for, an NROTC Scholarship. If you are nominated, the information will be used to enroll you into NROTC and will be used by the Navy in its management of the NROTC program. The following systems of records notices cover the collection of this information: N01131-1 located at <http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>, and N0180-3 located at <http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>
- ROUTINE USE(S):** Information provided on the application will be used to screen and select individuals to receive NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to scholarship applicants from previous or subsequent years, and to provide academic data and contact information to Navy activities and admissions officials at colleges and universities so they can contact applicants for recruitment purposes. 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 C.F.R. § 701.112, <http://www.privacy.navy.mil/> and the routine uses set forth here. If you are nominated for an NROTC Scholarship, the information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process.
- DISCLOSURE:** The social security number (SSN) is required at the time of application to ensure proper identification of the applicants. There are times applicants have the same names, therefore the SSN is required to ensure proper identification. Providing the requested information is voluntary. However, failure to do so may result in our inability to process your application for the NROTC program.

Complete all required sections on this form. *Providing false information or failure to disclose any drug involvement(s) may result in your elimination from scholarship competition.*

1. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than those prescribed by a physician or dentist?
_____ Yes _____ No
2. Have you ever used LSD, Marijuana, sniffed glue or other hallucinogens, hypnotics, stimulants, or other known harmful or habit forming drugs and/or chemicals? _____ Yes _____ No
If you answered "YES" to either question above, provide a detailed explanation below with the approximate times, amounts taken, and period over which taken, and complete #3.
 - a. Type of drug(s) used:
 - b. Approximate number of times used:
 - c. Amount taken:
 - d. Method by which taken:
 - e. Inclusive dates of use (be specific):
 - f. Were you convicted or arrested for the drug use admitted?
 - g. Circumstances under which the drug use occurred such as experimentation, peer pressure, etc.
3. _____(Initial): I fully recognize the negative influence of drug abuse and categorically reject the abuse of drugs both now and for the future.
4. _____ Date filled out and signed (MMM/DD/YYYY)

SIGNATURE OF WITNESSING OFFICIAL

SIGNATURE OF APPLICANT

PRINTED NAME OF WITNESSING OFFICIAL

PRINTED NAME OF APPLICANT

For NSTC use only: Applicant Ser # _____

REPORT OF MEDICAL HISTORY

OMB No. 0704-0413
OMB approval expires

(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 the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (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

AUTHORITY: 10 U.S.C. 136, DoD Instruction 6130.03, and E.O. 9397, as amended (SSN).

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 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 using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted. Completed forms are covered by recruiting, medical evaluation board, and official military personnel file SORNs maintained by each of the Services.

ROUTINE USE(S): The Blanket Routine Uses found at http://privacy.defense.gov/blanket_uses.shtml apply 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 recruitment 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 (YYYYMMDD)
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)	5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)	
b. HOME TELEPHONE (Include Area Code)		

X ALL APPLICABLE BOXES:			7.a. POSITION (Title, Grade, Component)
6.a. SERVICE	6.b. COMPONENT	6.c. PURPOSE OF EXAMINATION	b. USUAL OCCUPATION
<input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	<input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	<input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> ROTC Scholarship Program	

8. CURRENT MEDICATIONS (Prescription and Over-the-counter)	9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)
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Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO		YES	NO
10.a. Tuberculosis	<input type="radio"/>	<input type="radio"/>	12. (Continued)	<input type="radio"/>	<input type="radio"/>
b. Lived with someone who had tuberculosis	<input type="radio"/>	<input type="radio"/>	f. Foot trouble (e.g., pain, corns, bunions, etc.)	<input type="radio"/>	<input type="radio"/>
c. Coughed up blood	<input type="radio"/>	<input type="radio"/>	g. Impaired use of arms, legs, hands, or feet	<input type="radio"/>	<input type="radio"/>
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	<input type="radio"/>	<input type="radio"/>	h. Swollen or painful joint(s)	<input type="radio"/>	<input type="radio"/>
e. Shortness of breath	<input type="radio"/>	<input type="radio"/>	i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	<input type="radio"/>	<input type="radio"/>
f. Bronchitis	<input type="radio"/>	<input type="radio"/>	j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	<input type="radio"/>	<input type="radio"/>
g. Wheezing or problems with wheezing	<input type="radio"/>	<input type="radio"/>	k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	<input type="radio"/>	<input type="radio"/>
h. Been prescribed or used an inhaler	<input type="radio"/>	<input type="radio"/>	l. Bone, joint, or other deformity	<input type="radio"/>	<input type="radio"/>
i. A chronic cough or cough at night	<input type="radio"/>	<input type="radio"/>	m. Plate(s), screw(s), rod(s) or pin(s) in any bone	<input type="radio"/>	<input type="radio"/>
j. Sinusitis	<input type="radio"/>	<input type="radio"/>	n. Broken bone(s) (cracked or fractured)	<input type="radio"/>	<input type="radio"/>
k. Hay fever	<input type="radio"/>	<input type="radio"/>	13.a. Frequent indigestion or heartburn	<input type="radio"/>	<input type="radio"/>
l. Chronic or frequent colds	<input type="radio"/>	<input type="radio"/>	b. Stomach, liver, intestinal trouble, or ulcer	<input type="radio"/>	<input type="radio"/>
11.a. Severe tooth or gum trouble	<input type="radio"/>	<input type="radio"/>	c. Gall bladder trouble or gallstones	<input type="radio"/>	<input type="radio"/>
b. Thyroid trouble or goiter	<input type="radio"/>	<input type="radio"/>	d. Jaundice or hepatitis (liver disease)	<input type="radio"/>	<input type="radio"/>
c. Eye disorder or trouble	<input type="radio"/>	<input type="radio"/>	e. Rupture/hernia	<input type="radio"/>	<input type="radio"/>
d. Ear, nose, or throat trouble	<input type="radio"/>	<input type="radio"/>	f. Rectal disease, hemorrhoids or blood from the rectum	<input type="radio"/>	<input type="radio"/>
e. Loss of vision in either eye	<input type="radio"/>	<input type="radio"/>	g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	<input type="radio"/>	<input type="radio"/>
f. Worn contact lenses or glasses	<input type="radio"/>	<input type="radio"/>	h. Frequent or painful urination	<input type="radio"/>	<input type="radio"/>
g. A hearing loss or wear a hearing aid	<input type="radio"/>	<input type="radio"/>	i. High or low blood sugar	<input type="radio"/>	<input type="radio"/>
h. Surgery to correct vision (RK, PRK, LASIK, etc.)	<input type="radio"/>	<input type="radio"/>	j. Kidney stone or blood in urine	<input type="radio"/>	<input type="radio"/>
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)	<input type="radio"/>	<input type="radio"/>	k. Sugar or protein in urine	<input type="radio"/>	<input type="radio"/>
b. Arthritis, rheumatism, or bursitis	<input type="radio"/>	<input type="radio"/>	l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	<input type="radio"/>	<input type="radio"/>
c. Recurrent back pain or any back problem	<input type="radio"/>	<input type="radio"/>	14.a. Adverse reaction to serum, food, insect stings or medicine	<input type="radio"/>	<input type="radio"/>
d. Numbness or tingling	<input type="radio"/>	<input type="radio"/>	b. Recent unexplained gain or loss of weight	<input type="radio"/>	<input type="radio"/>
e. Loss of finger or toe	<input type="radio"/>	<input type="radio"/>	c. Currently in good health (If no, explain in Item 29 on Page 2.)	<input type="radio"/>	<input type="radio"/>
			d. Tumor, growth, cyst, or cancer	<input type="radio"/>	<input type="radio"/>

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER
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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:	YES	NO		YES	NO	
15.a. Dizziness or fainting spells	<input type="radio"/>	<input type="radio"/>	19. Have you been refused employment or been unable to hold a job or stay in school because of:	<input type="radio"/>	<input type="radio"/>	
b. Frequent or severe headache	<input type="radio"/>	<input type="radio"/>		a. Sensitivity to chemicals, dust, sunlight, etc.	<input type="radio"/>	<input type="radio"/>
c. A head injury, memory loss or amnesia	<input type="radio"/>	<input type="radio"/>		b. Inability to perform certain motions	<input type="radio"/>	<input type="radio"/>
d. Paralysis	<input type="radio"/>	<input type="radio"/>		c. Inability to stand, sit, kneel, lie down, etc.	<input type="radio"/>	<input type="radio"/>
e. Seizures, convulsions, epilepsy or fits	<input type="radio"/>	<input type="radio"/>		d. Other medical reasons <i>(If yes, give reasons.)</i>	<input type="radio"/>	<input type="radio"/>
f. Car, train, sea, or air sickness	<input type="radio"/>	<input type="radio"/>		20. Have you ever been treated in an Emergency Room? <i>(If yes, for what?)</i>		
g. A period of unconsciousness or concussion	<input type="radio"/>	<input type="radio"/>		21. Have you ever been a patient in any type of hospital? <i>(If yes, specify when, where, why, and name of doctor and complete address of hospital.)</i>		
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/>	<input type="radio"/>		22. Have you ever had, or have you been advised to have any operations or surgery? <i>(If yes, describe and give age at which occurred.)</i>		
16.a. Rheumatic fever	<input type="radio"/>	<input type="radio"/>	23. Have you ever had any illness or injury other than those already noted? <i>(If yes, specify when, where, and give details.)</i>			
b. Prolonged bleeding <i>(as after an injury or tooth extraction, etc.)</i>	<input type="radio"/>	<input type="radio"/>	24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? <i>(If yes, give complete address of doctor, hospital, clinic, and details.)</i>			
c. Pain or pressure in the chest	<input type="radio"/>	<input type="radio"/>	25. Have you ever been rejected for military service for any reason? <i>(If yes, give date and reason for rejection.)</i>			
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/>	<input type="radio"/>	26. Have you ever been discharged from military service for any reason? <i>(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)</i>			
e. Heart trouble or murmur	<input type="radio"/>	<input type="radio"/>	27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? <i>(If yes, specify what kind, granted by whom, and what amount, when, why.)</i>			
f. High or low blood pressure	<input type="radio"/>	<input type="radio"/>	28. Have you ever been denied life insurance?			
17.a. Nervous trouble of any sort <i>(anxiety or panic attacks)</i>	<input type="radio"/>	<input type="radio"/>	29. EXPLANATION OF "YES" ANSWER(S) <i>(Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)</i>			
b. Habitual stammering or stuttering	<input type="radio"/>	<input type="radio"/>				
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/>	<input type="radio"/>				
d. Frequent trouble sleeping	<input type="radio"/>	<input type="radio"/>				
e. Received counseling of any type	<input type="radio"/>	<input type="radio"/>				
f. Depression or excessive worry	<input type="radio"/>	<input type="radio"/>				
g. Been evaluated or treated for a mental condition	<input type="radio"/>	<input type="radio"/>				
h. Attempted suicide	<input type="radio"/>	<input type="radio"/>				
i. Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input type="radio"/>				
18. FEMALES ONLY. Have you ever had or do you now have:						
a. Treatment for a gynecological (female) disorder	<input type="radio"/>	<input type="radio"/>				
b. A change of menstrual pattern	<input type="radio"/>	<input type="radio"/>				
c. Any abnormal PAP smears	<input type="radio"/>	<input type="radio"/>				
d. First day of last menstrual period (YYYYMMDD)						
e. Date of last PAP smear (YYYYMMDD)						

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		SOCIAL SECURITY NUMBER
30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (<i>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.</i>)		
a. COMMENTS		
b. TYPED OR PRINTED NAME OF EXAMINER (<i>Last, First, Middle Initial</i>)		c. SIGNATURE
		d. DATE SIGNED (<i>YYYYMMDD</i>)

PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE

Privacy Act Statement

Authority: Title 5, U.S. Code 301

Principle Purpose: To provide the Command Fitness Leader with the necessary information to screen personnel for potential health risks prior to physical readiness testing.

Routine Use: For officials and employees of the Department of the Navy in performing their official duties of administering the Health and Physical Readiness Program.

Disclosure: Disclosure is necessary to fully evaluate midshipmen readiness to participate in mandatory physical readiness testing. Failure to provide the requested information may preclude participation in physical readiness testing and may warrant further medical evaluation or administrative action.

Last Name: _____ First Name: _____ Date: _____ PRT Cycle _____

Coronary Artery Disease Risk Factors

- | | | |
|---|-----|----|
| 1. Has anyone in your immediate family died from a heart condition or from sudden death before age 50 or been diagnosed with Marfan's syndrome? | Yes | No |
| 2. Has your healthcare provider said that you have a heart or other medical condition and limited what you should do? | Yes | No |
| 3. Do you feel pain in your chest when you do physical activity? | Yes | No |
| 4. In the past month, have you had chest pain when you were NOT doing physical activity? | Yes | No |
| 5. Have you ever become lightheaded or dizzy, passed out or nearly passed out during or after exercise? | Yes | No |
| 6. Do you have a bone or joint problem (for example: back, knee, or hip) that could be made worse by a change in your physical activity? | Yes | No |
| 7. Is your medical practitioner currently prescribing drugs (for example: water pills) for your blood pressure or heart condition? | Yes | No |
| 8. Do you know of any reason why you should not do physical activity? | Yes | No |
| 9. Are you a current smoker? | Yes | No |

MEMBER SIGNATURE

DATE

COMMAND FITNESS LEADER SIGNATURE

DATE

MEDICAL (IF REQUIRED)

PARQ Screening completed on: _____

Member is cleared to participate in PRT: Yes No

Member had incurred waivers (see attached SF 600): Yes No

MEDICAL REPRESENTATIVE

DATE

Measuring and fitting Techniques for Military Uniforms

1. The measuring and fitting of military uniforms can be very challenging when you are not sure how to determine the right size. When garments are sized properly, they may need little or no alterations.
2. These are key points for physical measurements and fitting techniques to help determine the correct size and fit for military uniforms:
 - a) Head - The measurement is taken by placing the tape around the back of the head meeting at the forehead about one inch above the eyebrows, one inch below the hairline and one inch above the ears.
 - b) Neck - When measuring for the neck size, place the tape measure around the neck at the collar line and with one finger between the neck and the tape. This will allow the shirt collar to be fitted with one half inch of space for comfort.
 - c) Chest or Bust - To obtain these sizes, place the tape over the bulk of the shoulder-blades, under the arms, over the fullest part of the chest with ease.
 - d) Sleeve - Raise the right arm even with the shoulder with the elbow bent at an angle, forearm parallel with the floor, and palms down. Measure from the center of the back and round the bend of the elbow, down to one inch past the wrist bone.
 - e) Waist - The tape should be placed directly over the hipbone to get the best results. In cases where you cannot locate the hipbone, place the tape around the fullest part, as close to the top of the waistband as possible.
 - f) Hip - The measuring tape should be placed around the largest part of the hip area, across the lower pelvis or fly.
 - g) Inseam - Measure from the crotch to the heel of the shoe.
 - h) After you received your measurement, use the enclosed male and female sizing charts to determine your correct size. Following these instructions are very important for obtaining your uniform. Please submit uniform sizing sheet promptly.

COMPLETE AND FAX TO 757-683-6510

UNIFORM SIZING SHEET

Circle One: HU NSU ODU

Name: _____ M/F Height: _____ Weight: _____

Permanent Home Address: _____

Phone #: _____ Cell #: _____

Email: _____

Shoe Size: _____ (Specify if: N, R, W, XW, XXW)

Men:

Trouser: Waist: _____ Inseam: _____

Circle One: Short Reg Long X-Long

Shirt:

Long Sleeve: Neck: _____ Chest: _____ Sleeve Length: _____

Short Sleeve: Circle One: SM MED LG X-LG

Combination Cover (head) Size: _____

Women:

Slacks: Estimated Size: -- Inseam: _____ Waist: _____

Shirt: Neck Size: _____ Bust Size: _____ Sleeve Length: _____

Combination Cover (head) Size: _____ Hip: _____

Note: Ensure you measure carefully to get correct sizes for your uniforms to **prevent delays in ordering.** You can go to a tailor shop to get your correct measurements if you do not know.

POST APPLICATION INFORMATION

1. When we receive your application, we will review it for completeness and notify you of any missing documentation. You should follow up within three working days after submitting your application to ensure we have received it.

2. After submitting your application, you can contact the NROTC Office at the university you wish to attend below.

Recruiting Officer	(757) 683-4741
Toll Free	(800) 284-5562
Email	hrnrotc-recruiter@odu.edu

HU Officer-in-Charge	(757) 728-6932
Toll Free	(800) 423-6202

NSU Officer-in-Charge	(757) 823-8848
Toll Free	(800) 274-1821

3. Your package will be compared with all other applications we receive before the deadline. The Commanding Officer, NROTC Unit Hampton Roads, has the final decision authority on admission of college program midshipmen. You will be notified by letter or email of the Commanding Officer's decision within four weeks of the semester deadline. If you have not been notified within four weeks, call the Recruiting Officer.

4. If you are accepted into the college program prior to the start of the academic year, you will be provided information on the dates and time of your indoctrination and where to report to have uniforms issued to you.

5. You must be admitted to the university that you plan to attend and be enrolled as a full time student to remain in the college program.