

Instructions for College Program Applicants

1. The following three (3) forms must be complete for your application to be reviewed:
 - a. **CNET 1533/21** (REV 6-00) NROTC College Program Application
 - b. **NROTCUAU FORM 6120/2** (REV 7/02) Report of Medical History
 - c. **NROTCUAU FORM 6120/1** (REV 7/02) Report of Medical Examination
2. Answer all questions to the best of your ability.
3. Complete NROTCUAU FORM 6120/2 and bring them with you to your medical examination. If you are unsure of any questions, leave them blank and bring them to the attention of the examining physician during your physical.
4. The medical examination may be completed by your family physician or at a military medical facility. The examining physician must sign and date the back of the NROTCUAU FORM 6120/1.
5. The following disqualifying items are commonly overlooked:
 - a. NROTC students cannot be color blind
 - b. Visual acuity must be correctable to 20/20 in each eye.
6. IF YOU HAVE TAKEN A DODMERB (DEPARTMENT OF DEFENSE MEDICAL EXAMINATION REVIEW BOARD) PHYSICAL ALREADY, YOU DO **NOT** NEED TO TAKE ANOTHER EXAM. PLEASE INFORM US THAT YOU HAVE HAD A DODMERB PHYSICAL AND WE WILL REQUEST A COPY OF IT FROM DODMERB. IF YOU HAVE A COPY OF YOUR PHYSICAL, PLEASE SEND IT TO US IN THE ENCLOSED SELF-ADDRESSED ENVELOPE.
7. If you have any questions, please call (334) 844-4364.

NROTC COLLEGE PROGRAM APPLICATION

PRIVACY ACT STATEMENT: Under the authority of 5 USC, 301, the information regarding your former military experience and training, educational background, and present personal data is requested in order to validate your basic qualifications and your suitability for selection in comparison with other applicants for the Navy-Marine Corps ROTC College Program. Your social security number will be used for purposes of individual identification. The information will be retained by CNET, (Code OTE/083), and the NROTC Unit and will not be divulged without your written authorization to anyone other than Navy and Marine Corps personnel involved with the administration of the program. 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.

1. NAME (Last, first, middle)		2. SSN	3. TELEPHONE NUMBER	4. WORK TELEPHONE NUMBER
5. CURRENT MAILING ADDRESS (Number, street, city, state, ZIP Code)		6. DATE OF BIRTH (YYYYMMDD)		7. PLACE OF BIRTH (City, county, state)
		8. U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		9. IF NATURALIZED, GIVE DATE, PLACE COURT OF JURISDICTION, AND CERTIFICATE NUMBER
10. NAME AND ADDRESS OF PARENT OR GUARDIAN		11. COLOR BLIND (YES ___ / NO ___) Refraction: Cyl Sph Total Left ___ ___ ___ Right ___ ___ ___ VISION CORRECTABLE TO 20/20 <input type="checkbox"/> YES <input type="checkbox"/> NO		

12. MILITARY EXPERIENCE AND TRAINING (Past and present, if any)					
EXPERIENCE	SERVICE	DATES OF DUTY	HIGHEST RANK HELD	EAOS	TYPE DISCHARGE
TRAINING	JROTC	POSITION(S) HELD	AWARDS		CIRCLE GRADE
	Civil Air patrol	POSITION(S) HELD	AWARDS <input type="checkbox"/> MITCHELL <input type="checkbox"/> EARHART		
	Other (NDCC, etc.)				
					9 10 11 12
					9 10 11 12
					9 10 11 12

13. 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 which involve responsibility and leadership.

ELECTED/APPOINTED OFFICES HELD	EXACT POSITION(S) HELD	AVERAGE NO. HOURS DEVOTED PER WEEK	CIRCLE GRADE			
			9	10	11	12

14. ATHLETIC ACTIVITIES

READ CAREFULLY. Identify only those sports which you participated in during school grades 9-12. Circle the school year in which you received letter awards or each sport. Then circle the school year you were on varsity squads. Do not list junior varsity or "B" team awards as varsity letter awards. Do not list intramural activity.

SPORT	LETTER AWARDS	CIRCLE SCHOOL YEAR A TEAM MEMBER	POSITION OR SPECIALTY (In which letter was earned)	SPECIAL RECOGNITION
				(Captain, individual or state record or selected to All-City, County, District Conference, State or National Team) (1 st team only, except State and National)
	9 10 11 12	9 10 11 12		
	9 10 11 12	9 10 11 12		
	9 10 11 12	9 10 11 12		
	9 10 11 12	9 10 11 12		

ACTIVITIES OTHER THAN THOSE ABOVE (List only if they involve considerable responsibility and leadership. Show position(s) held and average number of hours devoted per week to activity. Attach additional sheet if needed.

15. DUTY OR EMPLOYMENT ORGANIZATION							
List in chronological order beginning with the present, each period of employment, self-employment, part-time employment, and/or unemployment. List inclusive dates for each period. If discharged for cause from any employment, so state.							
A. DATES		B. NAME OF EMPLOYER	C. ADDRESS	D. TYPE WORK PERFORMED			
FROM	TO						
	Present						
16. EDUCATION							
List in chronological order, beginning with last school attended. Include any/all college work. Attach transcripts.							
A. DATES		B. NAME OF SCHOOL	C. ADDRESS	D. MAJOR	E. DEGREE		
FROM	TO						
17. COLLEGE BOARD SCORES		18. HIGH SCHOOL RECORDS		19. ANTICIPATED DATE OF NROTC ENROLLMENT/ACADEMIC MAJOR			
PSAT	VERBAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MATH	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			CLASS RANK	
SAT	VERBAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MATH	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			CLASS SIZE	
ACT	VERBAL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MATH	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	GPA _____ on a scale of _____			
20. Have you ever made application for or signed any agreement concerning any program leading to a commission in any of the Armed Forces of the United States? (If answer is YES, list the date, place of application, program applied for and current status of application.)				YES	NO		
21. Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States? (If an answer is YES, list the date, place, service and current status of enlistment.)							
22. Have you ever been arrested, detained, indicted, summoned into court, or convicted for any violation of civil or military law (includes juvenile offenses and moving traffic violations)? If answer is YES, give complete description of incident, name and place of court, nature of offense, date and disposition of case.)							
23. 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?							
24. Have you ever been known by any other name or names other than that used in this application? (If answer is YES, even if such differences were only differences in spelling, explain in affidavit form and submit with application.)							
25. 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?							
26. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or dentist? (If answer is YES, set forth on an attached sheet full circumstances, including approximate times, amounts taken, period over which taken and intent for further use.)							
27. Have you ever been arrested or convicted of trafficking illegal drugs?							
28. 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 answer if YES, set forth on an attached statement the full circumstances, including approximate times, amounts taken, period over which taken, and intent for further use.)							
I certify that all information given by me is complete and correct to the best of my knowledge.							
29. SIGNATURE				30. DATE			
If you have answered YES to any of the above questions, respond as indicated on a separate, attached sheet of paper.							
I understand that this applicant questionnaire does not obligate me in any way, and that I may withdraw my application at any time.							
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: And that I take this obligation freely, without any mental reservation or purpose of evasion."							
STUDENT'S SIGNATURE IN FULL							

REPORT OF MEDICAL HISTORY

(This information is for NROTC use only and will not be released to unauthorized persons)

 Last Name First Name Middle Name

 Home Address

 Parent Guardian Name/Address

The information requested below is required to provide a medical examiner an accurate history of illnesses or injuries that may affect the applicant's ability to perform the strenuous physical exercise that is part of the environment of the NROTC training and testing program.

The information provided must be accurate and complete. You are encouraged to consult with your private physician (if he is not the examiner) and parents to obtain information regarding past illnesses and injuries. Proof of immunization for Polio, Measles, Mumps, Rubella and Diphtheria, Tetanus and Pertussis (DPT) plus Diphtheria and Tetanus (dt) booster should be provided to the medical examiner if available from personal medical records.

MEDICAL HISTORY

(Indicate "YES" or "NO" with any remarks in the "Comments" box. Attach copies of any records you may have regarding these or other conditions you think the medical examiner should know about.

YES	NO	QUESTIONS	COMMENTS
		1. Are you taking or do you require any medications? List them.	
		2. Have you been hospitalized? If so, when and what for.	
		3. Have you had a head injury or concussion, or passed out after exercise?	
		4. Have you had loss of consciousness?	
		5. Have you been treated for an emotional or behavioral disorder?	
		6. Have you sprained, strained, dislocated, broken, or had severe pain in your head, arms, back, legs or neck?	
		7. Have you been diagnosed as having, or do you think you might have, any of the following conditions:	
		a. Allergies to:	
		(1) Insect stings/bites	
		(2) Foods (list)	
		(3) Medicine (name)	
		(4) Other (specify)	
		b. Anemia (including sickle cell)	

		c. Asthma	
		d. Diabetes	
		e. Motion Sickness	
		f. Seizure/Convulsion	
		g. Sleep walking	
		h. Bed wetting/Enuresis	
		8. Is there any activity that you have been medically advised to avoid such as running, swimming, lifting or participation in strenuous physical activity? If yes explain.	
		9. Females: At what age did you begin your menstrual period? Have you experienced any problems?	

IMMUNIZATION RECORD
(Indicate date of last immunization)

Measles _____ Rubella _____ DPT:dt _____ Mumps _____ Polio _____ TB Test _____ Other _____/_____

FAMILY HISTORY

Parents alive? Yes No

Are they well? _____

Brothers/Sisters Yes No

Are they well? _____

**ACCEPTANCE CRITERIA FOR APPLICANTS
TO THE NROTC COLLEGE PROGRAM**

1. Acceptance is based upon ability to participate in strenuous physical activity and the absence of 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 readiness testing.
2. Special attention should be given to orthopedic and cardiovascular conditions or complaints.
3. Conditions that are considered disqualifying include:
 - a. Symptomatic or recurrent orthopedic complaints
 - b. Allergies or hypersensitivity to foods, medications, or insect bites/stings
 - c. History of asthma, seizures or convulsions, head injuries requiring hospitalization, loss of consciousness
 - d. Diabetes requiring dietary restrictions or medication
 - e. History of chronic motion sickness, sleep walking, or bed wetting since age 9
4. Specific clinical examinations that are required include urinalysis, hemoglobin and/or hemocrit. When clinically indicated, laboratory test for hemoglobinopathies is recommended.
5. For purpose of this examination, there is no specific limit for defective vision. However, applicants who wear glasses or contact lenses but cannot participate in training activities that require removal of glasses (or contacts) should be reviewed on a case-by-case basis.
6. There is no provision for "waiver" of the acceptance criteria for participating in the NROTC College Program. Examining physicians may submit appropriate statements for consideration of acceptance when the examiner is of the opinion that the applicant will not encounter any restriction of participation in the program and that the condition in question does not present an unacceptable risk for aggravation or worsening as the result of participation in the activities of the program. Conditions that will require medication or treatment during the period of training should be considered as not meeting the criteria for qualification.
7. Final authority for acceptance of applicants is the Commanding Officer, NROTC Unit, Auburn University.

REPORT OF MEDICAL EXAMINATION

Last Name First Name Middle Name Age

INSTRUCTIONS FOR MEDICAL EXAMINER

The standard for acceptance into the Navy ROTC College Program is the ability to fully participate in training activities. This includes strenuous physical exercise and activities which may occur in a hot and humid environment. Details of the minimum standards for the events in the NROTC Physical Fitness Assessment are listed on the reverse of this form. Defects that have the potential to result in illness or injury brought on by physical exercise should be identified. The examiner should list any condition(s) which could interfere with full and unrestricted participation. Conditions that will or are likely to require treatment particularly unresolved injuries and recurrent illness must be listed. History of immunization should be verified to the satisfaction of the medical examiner.

Height: Ft ____ In. ____ Weight: ____ lbs. Obese: Yes No Pulse: _____ Blood Pressure: ____/____

Eyes, ears, nose: _____

Vision: Wears glasses: Yes No Wears contacts: Yes No

Hemoglobin _____ and/or Hemocrit: _____

Urinalysis: Glucose _____ Albumin _____ Blood _____

Lungs: _____ Heart: _____ Abdomen: _____ Genitalia: _____ Hernia: _____ Spine: _____

Orthopedic oriented examination (evaluation of conditions that may limit involvement in physical activities—i.e., sports, physical training, etc.):

Body Symmetry: _____ Cervical Spine Motion: _____ Upper body Flexibility: _____

Lower Body Flexibility: _____ Knee Stability: _____ Other: _____

Remarks:

It is the opinion of the medical examiner that the examinee has _____ does not have _____ a communicable (or other) disease, injury, or other condition that will restrict his/her participation in the NROTC College Program. (List any disqualifying defects above.)

Signature

Date

Typed or printed name of medical examiner