Auburn-Tuskegee Consortium College Program Application

University (Check One): AU ☐ TU ☐ Last Name: _____ First Name: _____

Student ID# (NONE or 904…902…) _____ University (or other) Email: _____

_____ Navy Option _____ Marine Option

If you have questions, please Call (334) 844-4364

Complete numbers 1-12 on the instruction sheet. Mark each portion completed to the right to confirm you have successfully completed the requirement.

1. Complete **NSTC Form 1533/133** NROTC College Program Application ☐

NOTE: Anyone who is a legal adult may sign as a witness EXCEPT family members.

2. Complete and sign Drug Statement for NROTC Application **NSTC 1533/101**. ☐
3. Complete and Sign NROTC Drug and Alcohol Statement of Understanding **NSTC 1533/153**. ☐

NOTE: Number 4 is completed with a Physician

CAUTION: The following disqualifying items are commonly overlooked:

a. NROTC students cannot be colorblind. (Waivers available for Marine options.)

b. Visual acuity must be correctable to 20/20 in each eye.

4. Complete and sign the **Preparation Physical Evaluation Physical Examination** ☐
5. Complete Navy Physical Fitness Assessment or Marines Physical Fitness Test ☐
6. Complete 100 Word Essay ☐
7. Standardized Testing Scores (SAT/ACT) If taken. ☐
8. Most Recent High School/College Transcript ☐
9. Immunization Records ☐
10. Submit a full-length color photo. The applicant should be in business casual attire with a plain background. ☐
11. Submit **COPY** of Birth Certificate and SSN Card. ☐

NOTE: Will require originals of both before any future scholarship can be started

12. Do you have any Tattoos (Check One)? YES: ☐ NO: ☐

MOTE: Tattoos are not disqualifying for acceptance, but will require an additional form.

NROTC USE ONLY

PNS DECISION ON APPLICATION: APPROVED: _____ DISAPPROVED: _____

PNS SIGNATURE: _____ DATE: _____

Auburn-Tuskegee Consortium College Program Application

MEDICAL ACCEPTANCE CRITERIA GUIDANCE

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, sleepwalking, or bed wetting since age 9
    f. Use of certain forms of medication

4. Specific clinical examinations that are required include urinalysis, hemoglobin and/or hematocrit. When clinically indicated, laboratory test for hemoglobinopathies is recommended.

5. For the 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.

NAVAL RESERVE OFFICERS TRAINING CORPS
COLLEGE PROGRAM APPLICATION

OMB CONTROL NUMBER: 0703-0026
OMB EXPIRATION DATE: 01/30/2026

AGENCY DISCLOSURE NOTICE

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

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): The information you provide will be used to determine whether you qualify, and should be nominated for, an NROTC College Program 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 https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570316/n01131-1/.

ROUTINE USE(S): Information provided on the application will be used to screen and select individuals to received 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. Other uses may include providing the information to officials and employees of: The Department of Transportation; other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; and the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility. Information you provide in this application is protected by the Privacy Act and will not be released outside of the Department of Defense without your permission unless it comes with an exception to the Act or one of the routine uses in 32 C.F.R. § 701.112, https://www.navy.mil/privacy.asp, and the routine uses set forth there. 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.

More information on the SORNS can be found at the following link(s):
http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6411/n01 131-1.aspx,
http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx.

PERSONAL INFORMATION

Name (First, MI, Last) | SSN (last 4) | Phone | Cell Phone

_____ _____ ( ) _____ ( ) _____

Current Mailing Address _____

_____

_____

Name of Parent/Guardian 1 _____

Name of Parent/Guardian 2 _____

Contact Information of Parent/Guardian 1

_____

_____

_____

_____

_____

Contact Information of Parent/Guardian 2

_____

_____

_____

_____

_____

Place of Birth _____

Date of Birth _____

Are you a US Citizen? Yes ☐ No ☐ If naturalized, give date, place, court of jurisdiction, and certificate number. _____

Select Service ☐ Navy ☐ USMC

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

Service	Dates of Service	Highest Rank	EAOS	Type of Discharge

Training Program	Position(s) Held	Awards	Grades of Participation
Select JROTC			9 ☐ 10 ☐ 11 ☐ 12 ☐
Civil Air Patrol			9 ☐ 10 ☐ 11 ☐ 12 ☐
Other (NDCC etc.)			9 ☐ 10 ☐ 11 ☐ 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	Hours/Week	Grades of Participation
			9 ☐ 10 ☐ 11 ☐ 12 ☐
			9 ☐ 10 ☐ 11 ☐ 12 ☐
			9 ☐ 10 ☐ 11 ☐ 12 ☐
			9 ☐ 10 ☐ 11 ☐ 12 ☐

ATHLETIC ACTIVITIES

READ CAREFULLY: Identify only those sports in which you engaged during school grades 9-12. Mark the year(s) in which you were on the varsity team. If you 'lettered' in the sport list that in the awards. Mark 'JV/Club' if you participated at this level in any year. Do not list intramural activity.

Sport	Position(s) Held	Awards/Recognition	JV/Club	Varsity			
				9 ☐	10 ☐	11 ☐	12 ☐
				9 ☐	10 ☐	11 ☐	12 ☐
				9 ☐	10 ☐	11 ☐	12 ☐

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 reverse 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 From	To	Employer Name and Address	Hours/Week	Type of Work Performed

EDUCATION

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

Dates From	To	School Name and Address	Major	Degree

ACADEMICS

PSAT Verbal: Math: _____ High School Name: _____

SAT Verbal: Math: _____ Class Rank: _____ GPA: _____

ACT Verbal: Math: _____ Class Size: _____ 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 Yes, list the date, place of application, program applied for and current status of application.)		
2. Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States?	☐	☐
(If 'Yes', list the date, place, service, and current status of enlistment.)		

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 'Yes', give complete description of incident, name and place of court, nature of offense, date, and disposition of the case.)

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

5. Have you ever been known by any other name or names other than that used in this application? ☐ ☐

(If 'Yes', explain in affidavit form and submit with application, even if differences were only differences in spelling.)

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? ☐ ☐

7. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or dentist? ☐ ☐

(If 'Yes', attach a statement with the full circumstances, number of time used, amounts taken, period over which taken, and intent for further use.)

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

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 'Yes', attach a statement with the full circumstances, number of times used, 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.
- I understand that this applicant questionnaire does not obligate me in any way, and that I may withdraw my application at any time.
- I understand that I am voluntarily applying for a military training program that may lead to an opportunity for commissioning as an officer in the U.S. Navy or U.S. Marine Corps. While participating in the program, I will be required to adhere to U.S. Navy and/or U.S. Marine Corps regulations as they apply to this program.
- The U.S. Navy and the U.S. Marine Corps have medical and physical qualifications that I must satisfy before I am offered an opportunity to commission.
- By allowing me to participate in the program, neither the U.S. Navy nor the U.S. Marine Corps are making any representations that I will be offered an opportunity for commissioning as an officer.

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 the office on which I am about to enter. So help me God.

Signature _____ Date _____

DRUG STATEMENT FOR NAVAL RESERVE OFFICER TRAINING CORPS (NROTC) APPLICATION

OMB CONTROL NUMBER: 0703-0026
OMB EXPIRATION DATE: 01/31/2026

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PLEASE DO NOT RETURN YOUR RESPONSE TO THE EMAIL ADDRESS ABOVE.

Responses should be sent to:

Naval Service Training Command NROTC
Selection and Placement, N92
320A Dewey Avenue
Bldg 3. Rm 106
Great Lakes, IL 60088

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

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. § 301, Departmental Regulations; 10 U.S.C. 2107 (Financial Assistance Program); E.O. 9397 (SSN), and System of Records Notices (SORNs) N01130-1 and N01080-3.

PURPOSE(S): To manage and contribute to the recruitment of qualified men and women for officer programs and the regular and reserve components of the Navy. To ensure quality military recruitment and to maintain records pertaining to the applicant's personal profile for purposes of evaluation for fitness for commissioned service. 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.

ROUTINE USE(S): Information provided on the application will be used to screen and select individuals to receive scholarships, maintain data on the scholarship program, compare scholarship applicants from previous or subsequent years, and provide academic data and contact information to Navy activities and admissions officials at colleges and universities for recruitment purposes. Other uses may include providing the information to officials and employees of: the Department of Transportation; other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility; Federal, state or local agencies that maintain civil, criminal and other relevant information pertaining to the letting of contracts; in response to an inquiry from a congressional office of record for an individual; to the Office of Personnel Management (OPM) to carry out legally authorized government-wide personnel management functions and studies; and to the General Services Administration (GSA) for the purposes of records management under the authority of 44 USC § 2904 & 2906. Information provided in this application is protected by the Privacy Act and will not be released outside of the Department of Defense without your permission, unless it comes with an exception to the Act, or one of the routine uses in 32 C.F.R. § 701.112, https://www.navy.mil/privacy.asp, 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: Voluntary - However, failure to do so may result in our inability to process your application for the NROTC program. Note that the Social Security number (SSN) is required at the time of application to ensure proper identification of the applicant. There are times applicants have the same names, therefore the collection of SSN is required to ensure proper identification.

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Complete all sections on this form (required). *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.

SIGNATURE OF WITNESSING OFFICIAL

PRINTED NAME OF WITNESSING OFFICIAL

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

NSTC N9 USE ONLY

Approve_____ Disapprove_____

NAVAL RESERVE OFFICERS' TRAINING CORPS DRUG AND ALCOHOL STATEMENT OF UNDERSTANDING

OMB CONTROL NUMBER: 0703-0026
OMB EXPIRATION DATE: 01/31/2026

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PURPOSE(S): To manage and contribute to the recruitment of qualified men and women for officer programs and the regular and reserve components of the Navy. To ensure quality military recruitment and to maintain records pertaining to the applicant's personal profile for purposes of evaluation for fitness for commissioned service. 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.

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More information on the SORNS can be found at the following link(s):
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http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx.

STATEMENT OF UNDERSTANDING

I, _____ understand the following:

Full Name (First MI Last)

1. Participation in the Naval Reserve Officer Training Corps (NROTC) places me in a position of special trust and responsibility.

2. As established by OPNAVINST 5350.4D, the abuse of drugs or alcohol violates this position of special trust and endangers my health and safety as well as the safety of others.

3. In accordance with OPNAVINST 5350.4D, Naval Service Training Command (NSTC) maintains a "zero tolerance" policy regarding drug abuse. Additionally, all misconduct resulting from the misuse of alcohol will be dealt with immediately and effectively.

4. As a student participating or enrolled in the NROTC Program as a NROTC Midshipman (MIDN), NROTC College Program Student (Basic or Advanced), NROTC Preparatory Program (NPP) or Strategic Sealift Officer Program, I understand and agree to be bound by NSTC's policy regarding drug and alcohol abuse as reflected in the Regulations for Officer Development, NSTC M-1533.2D. Additionally, I understand I will be screened by urinalysis within 30 days of first reporting for training to the NROTC unit to which I have been assigned and may be subject to random urinalysis screening as directed by NSTC.

5. By signing the certification below, I acknowledge that a single detection of drug abuse or incident of alcohol abuse after entry into any program listed within paragraph 4 may result in my disenrollment or removal from that program, and, if on scholarship, either the recoupment of all scholarship monies I have received or Active Enlisted Service as may be directed by the Secretary of the Navy.

CERTIFICATION
I have read and fully understand all the information contained on this form.

Typed/Printed Name (last, first middle)

Signature Date:

CERTIFYING OFFICAL AND WITNESS
I certify the above individual signed this certificate in my presence.

Typed/Printed Name and Title of Official Certifying

Signature Date:

Typed/Printed Name and Title of Witness

Signature Date:

This form should be placed into the individual's medical file and should *only* be shared with other health care professionals.
The Medical Eligibility Form is the only form that should be submitted to nonmedical personnel at a school or sports organization.

PREPARTICIPATION EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____ Date of examination: _____

Sports and Activities: _____

List past and current medical conditions (including mental health disorders such as ADHD, anxiety, depression).

_____

Have you ever had surgery? If yes, list all past surgical procedures. _____

_____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, vitamins, and supplements (herbal and nutritional).

_____

Do you have any allergies? If yes, please list all your allergies (eg, medicines, pollens, food, stinging insects).

_____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, nonbinary, or another gender): _____

Patient Health Questionnaire Version 4 (PHQ-4)
Over the past 2 weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

Over the past 2 weeks, have you had thoughts that you would be better off dead or hurting yourself in some way? (Circle response)

Not at all	Several days	Over half the days	Nearly every day
0	1	2	3

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Have you had any recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4. Have you ever had pain, discomfort, or shortness of breath in your chest during exercise?		
5. Have you ever passed out or nearly passed out during or after exercise, or in response to sudden loud noises?		
6. Has a doctor ever told you that you have any heart problem, heart murmur, or high blood pressure?		
7. Has a doctor ever ordered a test for your heart (for example, electrocardiography [ECG/EKG] or echocardiography [ECHO])?		
8. Has a seizure?		

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Unsure	Yes	No
9. Has any family member or relative died or had a disability from heart problems before age 50 or had an unexpected or sudden unexplained death (SUD) before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			
10. Does anyone in your family have hypertrophic cardiomyopathy (HCM), dilated cardiomyopathy, Marfan syndrome, arrhythmogenic cardiomyopathy (ACM), long QT syndrome (LQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT) or have a pacemaker or an implanted defibrillator?			

BONE AND JOINT QUESTIONS	Yes	No
11. Have you ever had a fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
12. Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		
MEDICAL QUESTIONS	**Yes**	**No**
13. Have you ever had a hit or blow that caused confusion, prolonged headache, or memory problems or been diagnosed with a concussion?		
14. Have you ever had numbness, tingling, or weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
15. Are you missing a kidney, an eye, a testicle, spleen, or any other organ? Are any of these organs not functioning properly?		
16. Have you ever become ill while exercising in the heat?		
17. Do you or does someone in your family have sickle cell trait or disease? **Unsure**		
18. Have you ever had or do you have any problems with your eyes or vision?		
19. Do you cough, wheeze, or have difficulty breathing during or after physical activity?		
20. Do you have groin or testicular pain or a bulge or lump in the groin area?		
21. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant *Staphylococcus aureus* (MRSA)?		

MEDICAL QUESTIONS (*CONTINUED*)	Yes	No
22. Are you happy with your current weight?		
23. Do you feel pressured to lose or gain weight?		
24. Do you follow a specific diet plan?		
25. Has anyone ever touched you in a way or pressured you to engage in any physical or sexual acts that made you uncomfortable?		
MENSTRUAL QUESTIONS		
26. How old were you when you had your first menstrual period?		
27. When was your most recent menstrual period?		
28. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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NROTC Physical Fitness Test (PFT)
(Marine Option)

Section I – Body Composition

Name: _____ Date: _____

Gender: _____ Age: _____

Height: _____(inches) Weight: _____(lbs)

Waist: _____(inches)

Is Marine Candidate within USMC Height and Weight Standards per MCO 6100.13?

Yes / No

Section II – Physical Fitness Test

Date Completed: _____

Pull-Ups: _____ Points: _____

Plank: _____ Points: _____

3-Mile Run: _____ Points: _____

Total Points: _____

Section III – Administration Information

Name: _____ Rank: _____

Unit: _____ Phone Number: _____

NROTC Physical Fitness Assessment (PFA)
(Navy Option)

Section I – Body Composition Assessment (BCA)

Name: _____ Date: _____

Gender: _____ Age: _____

Height: _____(inches) Weight: _____(lbs)

Waist: _____(inches)

Is Navy Candidate within Height and Weight Standards per Navy Physical Readiness Program? Guide-5A Physical Readiness Test

Yes / No

Section II – Physical Fitness Test

Date Completed: _____

Push-Ups: _____ Points: _____

Plank: _____ Points: _____

1.5-Mile Run: _____ Points: _____

Total Points: _____

Section III – Administration Information

Name: _____ Rank: _____

Unit: _____ Phone Number: _____

Essay

In 100 words or less answer the below question. Essay will be hand written in the below box and signed with ink.

Why do you want to be a Navy or Marine Corps Officer?

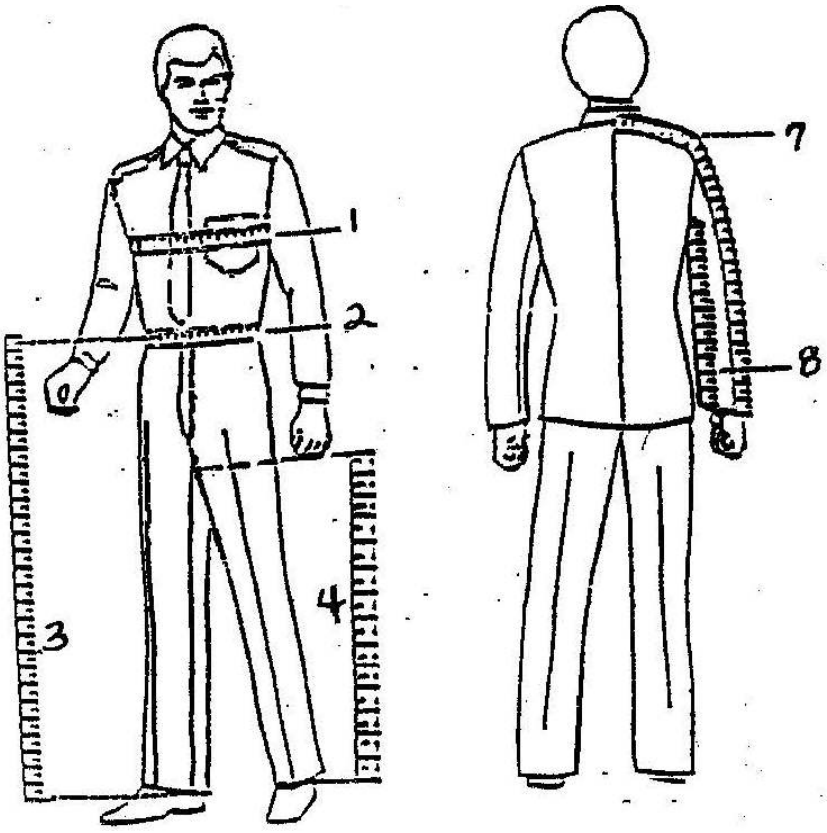
Signature: _____

NAVAL ROTC
MALE UNIFORM FITTING CHART

NAME: _____

Please complete measurement chart below. Use same pictures at bottom as guide for taking measurements. Be advised that the sizes you list below will be used to issue your uniforms to you.

1. Chest (measure all the way around body): _____
2. Waist (snug, not tight): _____
3. Outseam (measure from top of waistband to lop of shoe heel): _____
4. Inseam (measure from crotch to top of shoe heel): _____
5. Hat size: _____
6. Shoe size: _____
7. Outside sleeve (from middle of back around elbow to wrist) : _____
8. Inside sleeve (measure along underarm seam with coat on): _____
9. Neck size: _____
10. Height: _____Weight: _____



NAVAL ROTC
FEMALE UNIFORM FITTING CHART

NAME: _____

Please complete measurement chart below. Use same pictures at bottom as guide for taking measurements. Be advised that the sizes you list below will be used to issue your uniforms to you.

1. Over the arm (measure around shoulders with arms down): _____
2. Chest (above breast): _____
3. Bust (across breast): _____
4. Waist (snug, not tight): _____
5. Hip: _____
6. Inside sleeve (measure along underarm seam with coat on): _____
7. Outside sleeve (from undercollar to shoulder seam down to wrist): _____
8. Slack length (measure from top of waistband to top of shoe heel): _____
9. Slack crotch depth (measure from top of waistband to seat): _____
10. Slack inseam length (from slack crotch to top of shoe heel): _____
11. Neck size: _____
12. Height: _____Weight: _____
13. Shoe Size: _____
14. Hat Size (head circumference): _____

