

The logo of the University of Colorado at Colorado Springs is a shield-shaped emblem. It features a yellow background with a blue border. At the top, the word "LEADERSHIP" is written in blue. In the center, there is a blue silhouette of a mountain range. At the bottom, the word "EXCELLENCE" is written in blue. The text "CAMPUS-BASED SCHOLARSHIP APPLICATION" is overlaid in large, bold, black letters across the top half of the logo.

**CAMPUS-BASED
SCHOLARSHIP
APPLICATION**

**UNIVERSITY OF
COLORADO AT
COLORADO SPRINGS**

AS OF 21 OCTOBER 2002

THIS PAGE INTENTIONALLY LEFT BLANK

**THE ARMY RESERVE OFFICERS' TRAINING CORPS (ROTC)
CAMPUS-BASED SCHOLARSHIP PROGRAM**

TABLE OF CONTENTS

	Page
GENERAL INFORMATION	3
ELIGIBILITY	5
INELIGIBILITY	7
OBLIGATIONS	9
APPLICATION PROCEDURES	10
CHECKLIST	13
INSTRUCTIONS FOR CADET ENROLLMENT RECORD	15
CADET ENROLLMENT RECORD (CC FORM 139-R)	19
LIST OF APPROVED ACADEMIC DISCIPLINES	21
APPLICANT SNAPSHOT	27
TRIWEST ENROLLMENT REQUEST	29
DOD MEDICAL EXAMINATION FORMS	33
STATEMENT OF UNDERSTANDING (DEPENDENCY)	39
FINANCIAL STATEMENT	41
PLANNED ACADEMIC PROGRAM WORKSHEET (CCFORM104R)	43

IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOUR APPLICATION IS COMPLETE AND RETURNED TO:

University of Colorado at Colorado Springs, C/O Department of Military Science, ATTN: Recruiting Operations Officer, 1420 Austin Bluffs Parkway, Colorado Springs, CO 80933-7150

DEADLINES: Your application must be complete and received as early as possible. The earlier the application is received the better the opportunity of a scholarship award. Please contact the Recruiting Operations Officer for further details on current deadlines.

THIS PAGE INTENTIONALLY LEFT BLANK

THE ARMY RESERVE OFFICERS' TRAINING CORPS (ROTC) CAMPUS-BASED SCHOLARSHIP

GENERAL INFORMATION

The Army ROTC Campus-Based program provides the opportunity for the education and training of highly qualified and motivated young men and women who desire to be commissioned as officers in the Army after graduation from college.

The Army ROTC Campus-Based Scholarship Program provides selected college students an opportunity to complete their baccalaureate degree requirements and obtain a commission through participation in the ROTC scholarship program. Students who are enrolled in or completed one semester are considered for a 4 or 3½-year scholarship. Students who are enrolled in or completed two semesters are considered for a 3½ or 3-year scholarship. Students who are enrolled in or completed three semesters are considered for a 3 or 2½-year scholarship. Students who are enrolled in or completed four semesters are considered for a 2½ or 2-year scholarship.

A U.S. Army ROTC scholarship will provide financial assistance toward college tuition and educational fees up to \$17,000 annually. Additionally, a flat rate of \$600 per year is provided to purchase textbooks, classroom supplies and equipment. The scholarship does not pay for aviation flight fees, room or board. Army ROTC scholarship winners also receive a tax-free subsistence allowance of \$250 as a Freshman, \$300 as a Sophomore, \$350 as a Junior, and \$400 as a Senior per month for up to 10 months a school year and are paid while attending the ROTC Advanced Camp. The Army ROTC Scholarship Program does not cover the expense of moving your family and household goods from your actual permanent place of abode, home or Army school to the educational institution you will be attending. Contracted ROTC cadets are not authorized use of medical facilities, exchanges or commissaries except during the periods in which they are attending summer camp.

Prior to applicants being offered scholarships you must apply and be accepted at a college or university that offers Army ROTC in the academic discipline that you indicated you will pursue. Engineering and/or Nursing scholarship recipients must attend a school with an accredited Engineering and/or Nursing program. Nurse recipients are not authorized to change majors at any time.

You may pursue any course of study leading to a baccalaureate degree listed the “List of Approved Academic Disciplines” and may engage in any campus/community activity that does not interfere with your requirements.

In addition to your normal studies, scholarship cadets must successfully complete the prescribed military science courses, professional military education subjects,

the ROTC Advanced Camp (normally between Junior and Senior years), and any other training that may be prescribed by the Secretary of the Army as a requirement for commissioning. Recipients of these awards are not permitted to participate in the Simultaneous Membership Program (SMP), which permits simultaneous membership in both the Senior ROTC program, and U.S. Army Reserve/Army National Guard. Upon successful completion of military science and baccalaureate degree requirements, scholarship cadets will be commissioned as a Regular Army or U.S. Army Reserve second lieutenant in one of the officer accession branches of the U.S. Army. An individual's branch preferences and needs of the Army determine the branch received at the time of commissioning.

ELIGIBILITY

To be eligible to receive an Army ROTC scholarship, you must--

- a. Be a citizen of the United States.
- b. Be under 31 years of age on 31 December of the year you complete all requirements for a commission and a college baccalaureate degree.
- c. IAW Lautenberg Amendment Gun Control Act of 1968, a soldier cannot have a misdemeanor record of a Domestic Violence Conviction (DVC).
- d. Have no moral obligation or personal conviction that will prevent you from:
 - (1) Supporting and defending the Constitution of the United States against all enemies, foreign and domestic.
 - (2) Conscientiously bearing arms.
- e. DELETED
- f. DELETED
- g. DELETED
- h. All applicants applying for a scholarship must be a high school graduate or the equivalent. Scholarship applicants must have a minimum SAT score of 920 or ACT composite score of 19.
- i. Applicants must have a minimum cumulative grade point average of 2.5 on a 4.0 point grading system on all previous high school work for 4-year applicants or all previous college work completed for 3 – 4-year applicants. Use of weighted GPA is not authorized.
- j. To apply for a 2-year scholarship, individual's CC Form 104-R (Planned Academic Program Worksheet) must indicate 2 years remaining (4 semesters/6 quarters) as a full-time student to degree completion. Course overloads are not authorized and summer sessions are not authorized. Transfer hours accepted by the school you will be attending **toward the degree** you intend to pursue must be included on the ROTC Cadet Command Form 104-R, block 5.b(1) and confirmed by the school administration through evaluation of transcripts.

k. Obtain a letter of acceptance from a baccalaureate degree producing college or university offering Army ROTC. The letter must indicate you have either been unconditionally accepted as:

Academic for a	Scholarship	starting	Graduating in Spring
Junior	2½ or 2-year	Fall or Spring	2 years later
Sophomore	3½ or 3-year	of year of	3 years later
Freshman	4 or 3½-year	the award	4 years later

l. Obtain a letter of acceptance from the Professor of Military Science (PMS) into the Army ROTC program at the school you plan to attend and the start date of the school term. Contact the PMS at the institution in order to receive this letter.

m. DELETED

n. Be medically qualified IAW chapter 2, AR 40-501 for participation in the ROTC scholarship program as determined by Department of Defense Medical Examination Review Board (DODMERB)(the agency responsible for reviewing Army ROTC scholarship physicals).

o. Have no more than three dependents (including spouse) unless Headquarters, Cadet Command, grants a waiver.

INELIGIBILITY

You are ineligible for this program if you:

- a. DELETED
- b. DELETED
- c. DELETED
- d. Are a conscientious objector, as defined in AR 600-43.
- e. DELETED
- f. Have 10 years or more of active federal service. (May submit waiver to Headquarters, Cadet Command)
- g. Completed undergraduate baccalaureate degree requirements unless applying for a 2-year graduate degree program.
- h. Are under probation of a civil conviction or charges are pending at the time of application.
- i. Have had an adverse juvenile adjudication, or have been arrested, indicted, or convicted by a civil court or military law for other than minor traffic violations (fine of \$250 or less or had imposed other adverse disposition; e.g. attend classes, perform community service or perform any other similar acts) unless waived for this program. You may request a waiver as specified in the application procedures listed below. Requesting a waiver does not ensure approval.
- j. Are ineligible for reenrollment in the basic or advanced course. (Applies to prior ROTC cadets).
- k. Are an applicant without a spouse and you have one or more dependents less than 18 years of age. (Waiver not authorized)
- l. Is an applicant with a spouse in a military component of any armed service (excluding members of the Individual Ready Reserve (IRR)) that has one or more dependents less than 18 years of age. (May submit waiver to Headquarters, Cadet Command.)

(1) A divorced applicant may be processed for enrollment when the child or children has/have been placed in the custody of the other parent, an adult relative or legal guardian by court order and the applicant is not required to provide child support. No waiver is required. Copies of court documents must be provided with the application.

(2) A divorced applicant may be processed for a dependency waiver when the child or children has/have been placed in the custody of the other parent, an adult relative or legal guardian by court order and the applicant is required to provide child support. Contact this headquarters about waiver procedures. In both cases, the applicant must sign a statement of understanding that he or she will be disenrolled should the individual regain custody of the child or children while enrolled in ROTC. (DA Form 3286-31-R, Statement of Understanding U.S. Army Enlisted Policy for Applicants Without Spouse Who Have Surrendered Custody of Dependents, will be used as a guide.) An exception to the disenrollment will only be considered if extraordinary circumstances prevail such as the death of the legal guardian or adult. A soldier married to an Army National Guard member with a dependent, but said soldier has not adopted the dependent means he/she has no dependent and is eligible.

m. Been convicted of a domestic violence crime.

OBLIGATIONS

If medically and administratively qualified and selected for a U.S. Army ROTC scholarship you will be required to--

- a. DELETED
- b. Sign a contract with the Secretary of the Army.
- c. Enlist in the U.S. Army Reserve for a period of 8 years.
- d. Accept an Army commission as either an Active Army, Army Reserve or Army National Guard officer upon completion of the required academic and ROTC course.
- e. Serve in the military for a period of 8 years. This may be fulfilled by:
 - Serving on active duty 4 years followed by service in the Army National Guard (ARNG) or United States Army Reserve (USAR) or the Individual Ready Reserve (IRR).
 - Serving 8 years in an ARNG or USAR Troop Program Unit which includes a 3- to 6-month active duty period for initial training.

APPLICATION PROCEDURES

Read instructions carefully. Print or type the information required. Incomplete or inaccurate forms may eliminate you from further scholarship consideration. It is **your responsibility** to ensure that all required forms are submitted to:

University of Colorado at Colorado Springs, C/O: Military Science Department, ATTN: Recruiting Operations Officer, P.O. Box 7150, 1420 Austin Bluffs Parkway, Colorado Springs, CO 80933-7150.

Contact the Recruiting Operations Officer at 719.526.3236 or rotcruo@uccs.edu for further information. Incomplete files will not be considered by the scholarship Selection Board for review. **NOTE: RETAIN A COPY OF ALL PAPERWORK FORWARDED FOR YOUR RECORDS.**

Your completed application will consist of the following: **(NOTE: See “Application Checklist”)**

a. Cadet Command Form 139-R (Cadet Enrollment Record). If your answer to civil conviction is yes **YOU MUST REQUEST A WAIVER OF THE DISQUALIFICATION.** The waiver request must be submitted with your application. Include a complete written description of the offense, to include all circumstances leading up to arrest and conviction and complete sentence imposed, copy of the court record which indicated the charge, plea, and/or findings, as well as the sentence imposed and the record showing satisfaction of the sentence (when court records are not available this fact must be established by correspondence from the court), and three recent letters of character reference which indicate that the writer is aware of your specific situation requiring a waiver. Your statement must be certified under oath. If you decline to answer the civil conviction statement you will not be considered for a scholarship.

b. DELETED

c. Cadet Command Form 103-R (Active Duty/Reserve ROTC Scholarship Applicant Snapshot). Affix a recent (within the last 3 months) photograph, which will be retained by this headquarters. Print your name and social security number on the back of the snapshot or photograph and on the form.

d. DELETED

e. DELETED

f. Medical Examination. Complete the Tri-West Enrollment Form and return to the Recruiting Operations Officer as soon as possible. This form is used to schedule your DODMERB physical. The medical forms attached must be used for your physical. Medical examinations must be submitted by the examining facility as soon as possible to: DoDMERB, 8034 Edgerton Drive, Suite 132, USAF

Academy, CO 80840-2200. DODMERB will not process and return any physicals not on these forms. If any additional tests or evaluations are required for final medical determination, DODMERB will return the packet to you at your university ROTC detachment. DODMERB will return the completed physical to your university ROTC detachment **You must be fully medically qualified PRIOR to contracting. DO NOT SEND THE PHYSICAL YOURSELF TO DODMERB.** Delay in forwarding physical could result in not being medically qualified in sufficient time to be contracted and begin receiving scholarship benefits. The physical qualification process normally takes DODMERB anywhere from 6-8 weeks from start to finish. Any remedial or follow-up required by DODMERB should be accomplished by you prior to contracting.

g. Official transcripts of all colleges you have attended. The selection board will not consider application files with partial transcripts. The school accepting you for attendance should establish a grade point average (GPA). However, if the school does not establish GPA then the GPA from your latest complete transcript will be used. If you have received college credit by means of the USAFI or CLEP tests, official results of such tests must also be furnished to your university ROTC detachment. College Grade Reports are not transcripts and are unacceptable. High school transcripts are required for individuals applying for a 4-year scholarship.

h. Results of Scholastic Aptitude Test (SAT) or the American College Test (ACT). Applicants must achieve a minimum SAT score of 920 (composite of Verbal and Math) or an ACT composite score of 19 to qualify for competition. If you take both the SAT and ACT furnish the results of both tests to your university ROTC detachment. Results must be received prior to consideration for scholarship award. Any other College Board tests taken other than ACT or SAT are unacceptable (e.g. CEEB, etc).

i. Letter of acceptance from a baccalaureate degree producing college or university offering Army ROTC indicating your status as an academic freshman, sophomore or junior. For the 2- and 3-year scholarship, if you are undergoing academic studies and have not attained sophomore or junior status (whichever is applicable) at the time of application to a school, the letter may state that you are conditionally accepted pending final completion of current studies. A follow-up letter and Cadet Command Form 104-R indicating your status will be required prior to award of a scholarship.

j. DELETED

k. Planned Academic Program Worksheet (ROTC Cadet Command Form 104-R). If applying for a scholarship, the university's departmental head must complete the enclosed form indicating your academic status. (Example: If you are applying for a 2-year and your intended major is Nursing, the 104-R must be from the School of Nursing.) The Professor of Military Science at the institution you plan to attend will assist you in the completion of this form. If the school you plan to attend does not host Army ROTC, please have the school official forward the form to the Army ROTC host institution with which a partnership school

agreement in ROTC is authorized. Verification form must indicate you have been accepted in the academic discipline that you indicate you will pursue.

Scholarship recipients must attend the institution that provides the Form 104-R. Recipients who desire to attend a school other than the one which provided the initial 104-R must submit a subsequent 104-R verifying your academic status, letter of acceptance from the college/university, and the letter of acceptance from the PMS to this headquarters for approval prior to accepting the award and discharge. This form must be signed and authenticated by the student and the registrar. Changing of school between discharge and contracting will not be authorized. Cadet Command Form 104-R containing summer sessions will not be accepted. Scholarships are awarded to the school you applied to and cannot be used at any other school.

l. Evaluation of Transfer of Credit. If you will be attending a college/university other than the one from which you obtained your college credits, an evaluation of transfer of credits is required. Evaluation should include course number and title, course grade, credit hours attempted and earned toward the degree pursuing and grade point average if available.

m. Copy of waiver request (dependency, civil convictions, etc) if applicable.

n. ROTC Cadet Command Form 132-R. Statement of Understanding (Dependency), Cadet Command Pamphlet 145-4.

Should you have questions or desire assistance in completing your scholarship application, you may contact the Recruiting Operations Officer at the University of Colorado at Colorado Springs at 719.262.3236 or rotcroo@uccs.edu.

NOTE: Should you have any change in status (address, dependency, marital, civil conviction, pregnancy, etc.) from the time you apply for a scholarship until notification of awards and discharge, you must inform this headquarters.

Check List

Prior to mailing ensure the following are in order (Please no binders or document protectors. Use pocket folders or manila folders)--

_____ CC Form 139-R (complete)

- o Fill highlighted portions in PEN
- o Fill non-highlighted portions in PENCIL

_____ CC Form 103-R

- o Photo within last 90 days
- o Full length preferred

_____ Medical Examination (Including dental x-rays and panorex)

- o Within the last six months
- o DD Form 2351
- o DD Form 2492
- o DD Form 2480

_____ Official Transcripts

- o Transcripts from all previous colleges attended
- o Verifies minimum 2.5 GPA
- o High School transcript (4-year only)

_____ SAT/ACT Test Results

- o All applicants

_____ Acceptance letter from the university/college indicating your academic status

- o Letter must be from university that you will enroll indicating your status as a freshman, sophomore or junior.

_____ Acceptance letter from the Professor of Military Science

- o Letter must be from the PMS, Army ROTC, indicating your acceptance into the program

_____ CC Form 104-R (Planned Academic Program
Worksheet)

- o Form must be from the university you will be attending
- o Verified, signed and dated by the student and Registrar

_____ Evaluation of Transfer of Credit

- o Form must be from the university you will be attending
- o Form must provide academic status and hours accepted toward degree pursuing

_____ Copy of waiver request if applicable

_____ ROTC CC Form 132-R (Financial Statement)

Instructions for completion of CCF 139R for Scholarship Application

Section 1: General Information

Name (Pen)	Self Explanatory
SSN (Pen)	Self Explanatory
College ID (Pen)	Number assigned by school if different than SSN
Married? (Pencil)	Y or N
Number of dependents (Pencil)	Number of Children plus spouse - do not include yourself
Local Address (Pencil)	Current address at which you live
Phone Number (Pencil)	Current phone number at address at which you live
Permanent Address (Pen)	Home of Record
Phone Number (Pencil)	Current phone number at Your Home of Record
Date of Birth (Pen)	Self Explanatory
Birth Place (Pen)	Self Explanatory
Religious Preference (Pencil)	Denomination or Religion
Blood Type (Pencil)	A/B/O, Pos/Neg

Section 1: Continued

ACT Score (Pen)	Composite Score if you took ACT
SAT Score (Pen)	Composite Score if you took SAT
Designated Next of Kin (Pencil)	Self Explanatory
Next of Kin Address (Pencil)	Self Explanatory
Phone Number (Pencil)	Self Explanatory
Email (Pencil)	If applicable
Marital Status (Pencil)	Self Explanatory
Dependents (Pencil)	Do not include yourself
Sex (Pen)	M=Male F=Female
Height (Pencil)	Self Explanatory(inches)
Weight (Pencil)	Self Explanatory(Lbs)
Race/Ethnicity (Pen)	Check Category
Citizenship (Pencil)	Check Category
Do you have any condition (Pen)	Yes or No (Yes needs explanation)

Section 2: Academic Information

ROTC Host School School where you will be

(Pen) taking ROTC classes (Name and FICE Code)

School of Attendance (Pencil)	School where you are taking courses for your major (Name and FICE Code)
Residency Status (Pen)	In-state student (R) or out-state (N) student tuition
Academic class (Pencil)	Fr/So/Jr/Sr
Projected Graduation Date (Pencil)	Self Explanatory
Academic Major (Pencil)	Self Explanatory (Spell out Major and three letter code)
Academic Minor (Pencil)	Self Explanatory (Spell out Major and three letter code)
Credits toward Degree (Pencil)	Credits completed towards degree program (if you have transfer credit hours, use only credit hours accepted towards degree)
Credits Required for degree (Pencil)	Self Explanatory (include ROTC courses, is ROTC adding more to your degree programs, or is ROTC used as elective hours, in your degree program)
CGPA, (Pencil)	Self Explanatory (College GPA for College Students/High School GPA for High School Students)
Other Colleges Attended (Pen)	Self Explanatory
Year(s) Attended (Pen)	Self Explanatory

Section 2: Continued

Graduation Date
(Pen)

Self Explanatory (High
School)

ROTC Scholarship Recipient
(if yes)(Pencil)

4, 3 1/2, 3 AD, 3, 2 1/2,
2, 2-Yr Basic Camp, GRFD USAR,
GRFD ARNG, DED ARNG

Other Scholarship
(Pen)

Self Explanatory

JROTC Experience
(Pen)

Self Explanatory

**Section 3: Current or Prior Military Service (to include
Officer Producing Program)**

Not Applicable
(Pen)

Go to Section 4

Is Applicable
(Pen)

Self-Explanatory

Section 4: Student Statements

At the top right side of page 2 print your last name and social security number
(Pen)

Read each block of information. Check the box that applies to you and put your
initials beside each box you checked. (Pen)

Your signature and date (day, month, year) at the bottom of page 2 of 6 (two
places require your signature and date).
(Pen)

CADET ENROLLMENT RECORD
DATA REQUIRED BY THE PRIVACY ACT OF 1974

For use of this form, see CC Pam. 145-4, the proponent agency is ATCC-PC

Authority 10 USC 2101, 2103, 2104, 2107, 2111, and 5 USC 301

Principal Purpose(s) To obtain personnel data in order to determine eligibility for enrollment and serve as a source document for cadet's service record throughout participation in the ROTC Program. Provides data for th administration of the ROTC student commencing with application for enrollment into the ROTC Program

Routine Uses To verify eligibility to participate in the ROTC Program; to provide information on addresses and telephone numbers for use in the event of death, injury, illness or unauthorized absence while participating in ROTC activities; to facilitate contact with complete information with a cadet during other than normal training periods; to make a matter of record the information provided by the cadet

Disclosure Disclosure is voluntary. However, failure to provide complete information and provide responses will suspend the enrollment process into the ROTC Program.

PART I - GENERAL INFORMATION

1. NAME (Last, First, Middle) _____ 2. SSN (xxx-xx-xxxx) _____ 3. COLLEGE ID _____ 4. EMAIL _____ (if different than SSN)
 5. LOCAL ADDRESS (Street, City, State, Zip Code) _____ 6. PHONE NUMBER (xxx-xxx-xxxx) _____
 7. PERMANENT ADDRESS (Street, City, State, Zip Code) _____ 8. PHONE NUMBER (xxx-xxx-xxxx) _____
 9. DOB (DD/MM/YYYY) _____ 10. POB (City, County, State) _____ 11. RELIGIOUS PREF (Denomination or Religion) _____ 12. BLOOD TYPE (A/B/O, Pos/Neg) _____ 13. ACT SCORE (Composite) _____ 14. SAT SCORE (Composite) _____
 15. SEX (M/F) _____ 16. HEIGHT (inches) _____ 17. WEIGHT (lbs) _____ 18. MARITAL STATUS (S/M/D/W) _____ 19. DEPENDENTS (Y/N) _____ 19a. If "yes" how many _____ (Number - include spouse)
 20. RACE/ETHNICITY: (Check One) African American American Indian Asian Caucasian Hispanic Other (please specify) _____
 21. CITIZENSHIP: (Check One) U.S. Born Naturalized Born Overseas With US Parents Non U.S. Citizen: Immigrant Alien Nonimmigrant Alien Refugee
 22. Do you have any condition that could interfere with you participating in a normal college physical education course: _____ (Y/N) 22a. If "yes" explain _____
 23. Have you ever received Medical Disability payments from any source _____ (Y/N)
 23a. If "yes" explain _____
 24. NEXT OF KIN (Name: Last, First, Middle/Relationship) _____ 24a. NEXT OF KIN ADDRESS (Street, City, State, Zip Code) _____ 24b. PHONE NO. (xxx-xxx-xxxx) _____

PART II - ACADEMIC INFORMATION

25. ROTC HOST SCHOOL (College/University Name, State/FICE Code) _____ 26. SCHOOL OF ATTENDANCE (College/University Name, State/FICE Code) _____
 27. RESIDENCY STATUS (R/N) _____ 28. ACADEMIC CLASS (FR/SO/JR/SR/GR) _____ 29. PROJECTED GRADUATION DATE (DD/MM/YYYY) _____ 30. ACADEMIC MAJOR (Major stated in College Catalogue/Code)
 31. ACADEMIC MINOR (if applicable) _____ 32. CREDITS TOWARD DEGREE (Number) _____ 33. CREDITS REQUIRED FOR DEGREE (Number) _____ 34. CGPA, IF APPLICABLE (Cum College GPA)
 35. OTHER COLLEGES ATTENDED _____ 35a. YEAR(S) ATTENDED _____ 36. HIGH SCHOOL ATTENDED _____ 39. JROTC EXPERIENCE (Army/Navy/Air Force, # years) _____
 36a. GRADUATION DATE (DD/MM/YYYY) _____ 37. ROTC SCHOLARSHIP RECIPIENT (Y/N) _____ 37a. If "yes", what type _____ (# of years, High School/CBSP/LTC/GRFD/GTG) _____ (Name, City, State)
 38. OTHER SCHOLARSHIPS (Civilian, Academic, etc.) _____

PART III - CURRENT OR PRIOR MILITARY SERVICE (TO INCLUDE OFFICER PRODUCING PROGRAMS)

NOT APPLICABLE (Go to Part IV) _____ 40. CURRENT SERVICE: Are you currently in the Armed Forces _____ (Y/N) 40a. If "yes", which Branch (Army/Air Force/Navy/Marines & Active Reserve/National Guard) _____ 40c. Is your spouse currently a member of the Armed Forces: _____ (Y/N)
 40b. SMP UNIT _____ (Name, Address, Phone Number) _____
 41. PRIOR SERVICE: Have you ever been enrolled in an officer producing program _____ (Y/N) 41a. Were you ever disenrolled from the ROTC Program _____ (Y/N)
 41b. Were you ever enrolled in a Service Academy _____ (Y/N) 41c. Were you ever discharged from the Armed Forces _____ (Y/N) 41d. Type of Discharge (HD/OTH/D/BCD/DD) _____ 41e. RE Code _____ (From Block 27 of DD 214)
 41f. Months of Active Service _____ (Number) _____ 41g. Have you ever been discharged for medical reasons _____ (Y/N) 41h. If "yes", explain _____

CADET ENROLLMENT RECORD

LAST NAME
SSN

PART IV - STUDENT STATEMENTS

42. RELEASE OF INFORMATION

The Privacy Act requires that we notify you of other routine uses of the information we collect from you. You should know that if you leave school, we might provide your name, address, and phone number to the U.S. Army Recruiting Command. This is done because the Active Army, Army Reserve, and National Guard want and need intelligent young men and women. They also have programs which might help you return to college. The transfer of information to the Recruiting Command means that, if you drop from school, you may receive information in the mail or be called by an Army Recruiter. You are under no obligation to accept the mail or to talk to the recruiter.

I have read and understand the above statement concerning date required by the Privacy Act of 1974.

Verification of the following statements is required in order to assist in establishing eligibility to participate in the ROTC program. Failure to provide a response will preclude further processing as an enrolled cadet. Failure to provide an accurate or truthful response is grounds for barring entry into the SROTC program or for the initiation of disenrollment action. Your signature at the bottom of this page will attest to the accuracy of your responses on this form

43. STATEMENT OF CRIMINAL PROCEEDINGS BY CIVIL OR MILITARY AUTHORITIES

I have not been indicted or summoned into court under civilian or military law as a defendant in a criminal proceeding, to include any all proceedings involving juvenile or adult criminal offenses, but excluding traffic violations which involved a fine or forfeiture, alone, of \$250 or less. I have not had 6 or more minor traffic violations (excluding parking violations) in a 12 month period where the fine is \$100 or more per offense. I have not had 12 or more minor traffic violations (excluding parking violations) during the previous 3 years where the fine is \$100 or more per offense. I have never been convicted, fined, imprisoned, placed on probation, paroled or pardoned (to include alcohol violations and misdemeanors), except for traffic violations as defined above. I will advise the Professor of Military Science of any future information pertaining to any changes of criminal conduct against myself and I shall do so as soon as practical under the circumstances. Records that are expunged, sealed, set aside, dismissed, or reopened to change original findings or pleas STILL require a waiver

Check One:

The above statement is true.

The above statement is not true.

I decline to answer whether the above statement is true.

44. SUBSTANCE ABUSE

Check One:

I have never used an illegal substance or drug.

I have used illegal substances or drugs only on an experimental or limited basis.

I have been a recent or frequent user of illegal substances or drugs.

When:

How often:

When:

How often:

NOTE: Any future drug use will be grounds for disenrollment from the ROTC program

45. RELIGIOUS ACCOMMODATION

The U.S. Army cannot guarantee that my religious practices will be accommodated. I acknowledge and understand that it is the Department of the Army's policy to accommodate religious practices as long as the practice will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline. I further acknowledge and understand that the U.S. Army has the right to amend or eliminate any such accommodation based on the needs of the Army.

I have read and understand the above statement concerning accommodation of my religious practices.

46. CONSCIENTIOUS OBJECTION

If you have moral convictions that preclude you from bearing firearms and/or participating in full military service with the U.S. Army, to include armed combat, then you are a conscientious objector. AR 600-43 defines conscientious objection as "A firm, fixed and sincere objection to participation in war in any form or the bearing of arms, because of religious training and belief."

Check One:

I am not a conscientious objector

I am a conscientious objector

47. DOD HOMOSEXUAL CONDUCT POLICY BRIEFING

Although you have not been asked nor will you be asked about your sexual orientation, you should be aware of the DoD Homosexual Conduct Policy. Homosexual conduct is grounds for barring entry or continued enrollment in the SROTC Program. Homosexual conduct is a homosexual act, a statement that demonstrates a propensity or intent to engage in homosexual acts, or a homosexual marriage or attempted marriage. A homosexual act means an bodily contact, actively undertaken or passively permitted, between members of the same sex for the purpose of satisfying sexual desires and any bodily contact that a reasonable person would understand to demonstrate a propensity or intent to engage in such an act.

I understand I will be disenrolled from the SROTC Program if one or more of the following findings is made

a. I have engaged in, have attempted to engage in, or have solicited another to engage in homosexual act or acts

b. I have made a statement that demonstrates a propensity or intent to engage in homosexual act

c. I have married or attempted to marry a person of the same sex as myself

FOR ENROLLMENT OFFICER USE: Ask the following questions to ensure the applicant understands this policy and expand on the policy, as necessary: (1) Do you fully understand the DoD Homosexual Conduct Policy briefing you have read? (2) Do you have any questions concerning this policy?

I have read and understand the briefing concerning the DoD Homosexual Conduct Policy

"All information given on this form is correct to the best of my knowledge."

SIGNATURE OF CADET

DATE

48. LOYALTY OATH (OPTIONAL FOR NONCONTRACTED CADETS)

"I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States of America against all enemies, both 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, so help me God."

SIGNATURE OF CADET

DATE

**Academic Discipline Mix 1 -
Generalist**

CODE	ACADEMIC TITLE
AAA	ART COMMERCIAL
AAE	ARABIC-EGYPTIAN
AAK	ARABIC-JORDANIAN
AAL	ARABIC-LIBYAN
AAN	ARABIC-SAUDI
AAP	ARABIC-SYRIAN
AAQ	ARABIC-LEBANESE
AAX	ART GENERAL
AAZ	ARABIC
ABN	BENGALI
ABX	LANGUAGE/LITERATURE CLASSICAL
ACD	CHINESE CANTONESE
ACM	CHINESE MANDARIN
ADG	ARABIC-IRAQI
ADU	DUTCH
ADX	ENGLISH
AEX	MUSIC
AFA	PUBLIC SPEAKING
AFB	DRAMATICS
AFC	HOMILETICS AND COMMUNICATION SKILLS
AFR	FRENCH
AGA	BROADCASTING (ANNOUNCER)
AGB	PRODUCTION MOTION PICTURE
AGC	PRODUCTION
AHJ	HINDI
AHX	LANGUAGE/LITERATURE FOREIGN
AJA	JAPANESE
AJN	INDONESIAN
AJT	ITALIAN
AKP	KOREAN
AKX	JOURNALISM- WRITING/EDITING
ALA	SPANISH (LATIN AMERICAN)
ALX	PHILOSOPHY
AML	MALAYSIAN
ANR	NORWEGIAN
ANX	ARTS LIBERAL
APQ	PORTUGUESE (BRAZILIAN)
APY	PORTUGUESE (EUROPEAN)
AQE	ARABIC-EASTERN
AQW	ARABIC-WESTERN
ARU	RUSSIAN
ASC	SERBO-CROATIAN
ASR	SPANISH (CASTILLIAN)
ASY	SWEDISH
ATA	TAGALAC
ATH	THAI
ATU	TURKISH
AUR	URDU
AXX	ARTS-CLASSIC/GENERAL
BAF	COMMERCIAL- MARKETING/MERCHANDISING
BAK	LABOR RELATIONS
BAO	ORGANIZATION
BEHAVIOR-ORGANIZATION EFFECTIVENESS	
BAP	ORGANIZATION BEHAVIOR-PERSONNEL MANAGEMENT
BAR	COLLEGE ADMINISTRATION
BAS	FOOD DISTRIBUTION
BAV	HUMAN RESOURCES
BBA	ADMINISTRATION PUBLIC
BBB	PERSONNEL MANAGEMENT/ADMINISTRATION
BBH	MANAGEMENT INSTITUTIONAL
BBM	CHURCH MANAGEMENT
BBN	HOTEL-RESTAURANT MANAGEMENT
BBS	SAFETY
BCA	FOREIGN TRADE
BMS	MASTERS-ADVANCED MILITARY STUDIES
CUF	COGNITIVE SCIENCE
DAA	AGRICULTURE GENERAL
DAH	HORTICULTURE
DAK	HUSBANDRY ANIMAL
DAL	HUSBANDRY POULTRY
DKF	MILITARY SCIENCE (OTHER THAN U S ACADEMIES
EAB	CULTURAL FOUNDATIONS
EAC	ETHNOLOGY
EAD	INTERDISCIPLINARY STUDIES
EAX	ANTHROPOLOGY
EBX	AREA STUDIES
ECA	POLICE SCIENCE AND ADMINISTRATION
ECB	CORRECTIONS
ECF	FORENSIC SCIENCE
ECJ	CRIMINAL JUSTICE
ECX	CRIMINOLOGY
EED	VOCATIONAL AND EDUCATIONAL GUIDANCE
EEE	VOCATIONS SUBJECTS (CRAFTS,TRADE)
EEF	GENERAL EDUCATION TECHNOLOGY
EEG	SPECIAL EDUCATION
EEX	EDUCATION GENERAL (TEACHING)
EFA	RECREATIONS
EFB	RECREATION AND PARK ADMINISTRATION
EFC	EDUCATION PHYSICAL
EGX	HISTORY GENERAL
EHX	ECONOMICS HOME
EKB	INTERNATIONAL RELATIONS
EKC	FOREIGN AFFAIRS
ELX	ARTS INDUSTRIAL

EMX LIBRARY
SCIENCE/ARCHIVES
ENB PUBLIC SAFETY
ENC GOVERNMENT CIVIL
END GOVERNMENT MILITARY
ENE SOCIAL WORK
ENF ADMINISTRATION SOCIAL
WORK
ENX PUBLIC RELATIONS
ENY PUBLIC AFFAIRS
EPA PSYCHOLOGY
ABNORMAL
EPB PSYCHOLOGY
EXPERIMENTAL
EPD PSYCHOLOGY SOCIAL
EPE PSYCHOLOGY APPLIED
EPH PSYCHOLOGY CHILD
EPK PSYCHOLOGY
EDUCATIONAL
EPL PSYCHOLOGY
COUNSELING
EPM PSYCHOLOGY
INDUSTRIAL
EPX PSYCHOLOGY GENERAL
ERA GEOPOLITICS
ERX POLITICAL SCIENCE
ESX SOCIOLOGY
ETX MORTUARY SCIENCE
EXX SOCIAL SCIENCE
GENERAL
YYY UNDECLARED

BBT TELECOMMUNICATIONS
MANAGEMENT
BBX MANAGEMENT GENERAL
BCB STRATEGIC
INTELLIGENCE MANAGEMENT
BCC ADMINISTRATION,
MASTER OF SCIENCE
DEGREE
BCD COMMERCE
BCE AVIATION MAINTENANCE
BCF INFORMATION SYSTEM
MANAGEMENT
BCX BUSINESS ECONOMICS
BHA HEALTH SERVICES
ADMINISTRATION
BWX DESIGN TECHNOLOGY
BXX BUSINESS GENERAL
CCL CITY PLANNING
CCM REGIONAL PLANNING
CFW GEOGRAPHY (PHYSICAL)
CHE COMMUNICATIONS
DAB AGRONOMY SOIL
SCIENCE
DAD DAIRY SCIENCE
DAE FISH RESOURCES
DAF FOOD TECHNOLOGY
DAM PLANT PATHOLOGY
DAN SUGAR TECHNOLOGY
DAP WILD LIFE RESOURCES
DAS AVIATION SAFETY
DAT TECHNICAL
MANAGEMENT
DAX AGRICULTURE-FORESTRY
GRENERAL
DBB NAVIGATION CELESTIAL
DEA NAVIGATIONAL
TERRESTRIAL
DED TOPOGRAPHY INCLUDING
PHOTOGRAMMETRY
EAA ARCHEOLOGY
EDX ECONOMICS GENERAL
EEB INSTRUCTIONAL
TECHNOLOGY
EEC EDUCATION INDUSTRIAL
EKD COMMUNICATIONS
SCIENCES
EPC PSYCHOLOGY CLINICAL
EPF
PSYCHOMETRICS/PSYCHOPHYSI
CS
EPG PSYCHOLOGY
(ARTIFICIAL INTELLIGENCE)
FAA CLINICAL OPTOMETRY
MANAGEMENT
FAB LABORATORY SCIENCE
FAC NUCLEAR PHARMACY
FAX PODIATRY (CHIROPODY)
FBA DIETETICS
FBB DIETITIAN
ADMINISTRATIVE
FBC DIETITIAN THERAPEUTIC
FBD DIETITIAN CLINICAL
FBX NUTRITION

**Academic Discipline Mix 2 -
Technical**

CODE ACADEMIC TITLE

BAA ACCOUNTING/AUDITING
BAC ADVERTISING
BAD BANKING AND
FINANCING
BAE FINANCE GENERAL
BAM COMPTROLLERSHIP
BAN COMPUTER SCIENCE
MANAGEMENT
BAX BUSINESS
ADMINISTRATION
BAY AVIATION BUSINESS
ADMINISTRATION
BBD COMMERCIAL AVIATION
TRANSPORTATION
BBE RESEARCH PROGRAM
MANAGEMENT
BBF MANAGEMENT LOGISTICS
BBG TRANSPORTATION AND
TRAFFIC MANAGEMENT
BBK MANAGEMENT
INDUSTRIAL
BBL MANAGEMENT
AEROSPACE
BBP PROCUREMENT AND
CONTRACT MANAGEMENT
BBR SYSTEMS MANAGEMENT

FCA OCCUPATIONAL
THERAPY
FCB OCCUPATIONAL
THERAPY-KINESIOLOGY
FCX OCCUPATIONAL
THERAPY (ARTS/CRAFTS)
FDA ANATOMY
FDB PHYSICAL THERAPY
FDC PHYSICAL THERAPY
ELECTROPHYSICS
FDD PHYSICAL THERAPY
NEUROLOGY
FDX PHYSICAL THERAPY
CORRECTIVE EXERCISE
FEA PATHOLOGY SPEECH
FEX AUDIOLOGY
FJA ENVIRONMENTAL
HEALTH
FKA SANITARY SCIENCE
FLA PUBLIC HEALTH
PAX LAW ADMIRALTY
PBA LAW ADMINISTRATION
PBD LAW PROCUREMENT
PBF LAW CUSTOMS
IMMIGRATION
PBG LAW PATENT
PBH LAW CONTRACTS
PBI LAW LABOR RELATIONS
PBK LAW TAX
PBX LAW CIVIL
(CORPORATION, TORTS,
REAL ESTATE)
PCX LAW, CRIMINAL
PDX LAW INTERNATIONAL
PEX LAW PRELAW
PXX LAW GENERAL

**Academic Discipline Mix 3 -
Physical
Science/Analytical**

CODE ACADEMIC TITLE

BAL OPERATIONS RESEARCH
ANALYST (BUSINESS)
CFB PHYSICS, SPACE
CFD SPACE SYSTEMS
OPERATIONS
CUE COMPUTER SCIENCE
CUP COMPUTER BASED
INSTRUCTION
DAG HISTOLOGY
DAI EMBRYOLOGY
DAR BIOMETRY
DBA ASTRODYNAMICS
DBC ASTROPHYSICS
DBX ASTRONOMY
DCA BOTANY GENERAL
DCB ENTOMOLOGY
DCC BACTERIOLOGY
DCD PARASITOLOGY
DCE TAXONOMY
DCF ZOOLOGY

DCG MED MICROBIOLOGY
DCK RADIATION BIOLOGY
DCL RADIOLOGICAL HYGIENE
DCX BIOLOGY
DDA BIOCHEMISTRY GENERAL
DDB CHEMISTRY ANALYTICAL
GENERAL
DDC CHEMISTRY INORGANIC
GENERAL
DDD CHEMISTRY ORGANIC
GENERAL
DDE CHEMISTRY PHYSICAL
GENERAL
DDF CHEMISTRY NUCLEAR
DDG CHEMISTRY
CERAMICS/GLASS
DDH GLASS TECHNOLOGY
DDK CHEMISTRY
ELECTROCHEMISTRY
DDL CHEMISTRY TEXTILE
DDM CHEMISTRY PAPER
DDN CHEMISTRY INDUSTRIAL
DDO RADIOCHEMISTRY
DDP METALLURGY
DDX CHEMISTRY GENERAL
DEX GEODETIC SCIENCE
DFX GEOGRAPHY
GENERAL/ECONOMIC/POLITICAL
DGA GEOLOGY SURFICIAL
DGB GEOLOGY
STRATIGRAPHY
DGC SEISMOLOGY
DGD GEOLOGY TERRESTRIAL
MAG-ELECTRICITY
DGE GEOLOGY ECONOMIC
DGF GEOLOGY GENERAL
DGG PALEONTOLOGY
DGH MINERALOGY
PETROLOGY
DGL METEOROLOGY
CLIMATOLOGY
DGN NAUTICAL SCIENCES
DGP OCEANOGRAPHY
HYDROLOGY
DGX GEOPHYSICS
DHA STATISTICS
DHB MATHEMATICS
CRYPTANALYSIS
DHC MATHEMATICS
BALLISTICS
DHX MATHEMATICS GENERAL
DLA PHYSICS BIOPHYSICS
AND RADIOLOGY
DLB PHYSICS
ELECTRICITY/MAGNETISM/
ELECTRONIC
DLC HEALTH PHYSICS
DLD PHYSICS NUCLEAR
DLE PHYSICS OPTICS LIGHT
(OPTICS)
DLF PHYSICS THERMAL
DLG JET PROPULSION

DLH	TECHNOLOGY NUCLEAR REACTOR	CBX	AGRICULTURE ENGINEERING
DLK	APPLIED SCIENCE	CCD	URBAN PLANNING
DLL	MEDICAL TECHNOLOGY	CCF	ENGINEERING STRUCTURAL
DLM	RADIOLOGICAL PHYSICS	CCG	CIVIL ENGINEERING (STRUCTURAL DYNAMICS)
DLN	ACOUSTICS	CCH	ENGINEERING (TRANSPORTATION)
DLP	AERODYNAMICS	CCK	RADIOLOGICAL SAFETY AND DEFENSE
DLX	PHYSICS GENERAL	CCN	ENGINEERING SPACE FACILITIES
DLY	LASER/MICROWAVE PHYSICS	CCO	ENVIRONMENTAL ENGINEERING
DLZ	PHYSICS ASTRODYNAMICS	CCP	ENVIRONMENTAL HEALTH ENGINEERING
DMS	MATERIAL SCIENCE	CCQ	ENVIRONMENTAL SCIENCE
DPS	POLYMER SCIENCE	CCR	CIVIL ENGINEERING (SANITARY)
DXX	PHYSICAL SCIENCES GENERAL	CCX	CIVIL ENGINEERING
FGC	VIROLOGY	CDA	BIOMEDICAL ENGINEERING
FHA	SEROLOGY	CDX	ENGINEERING CERAMIC
FHX	IMMUNOLOGY	CEX	ENGINEERING CHEMICAL
FIA	TOXICOLOGY	CEY	COMPOSITE MATERIALS
FIB	PHARMACOLOGY	CFA	AEROSPACE ENGINEERING (SPACE TRAVEL)
FIC	CHIROPRACTICS	CFC	SPACE SYSTEMS ENGINEERING
FKX	PHYSIOLOGY	CFX	ENGINEERING AERONAUTICAL
FMA	NUCLEAR MEDICINE TECHNOLOGY	CFY	CARTOGRAPHY
GAX	ANAESTHESIOLOGY	CFZ	ASTRONAUTICAL ENGINEERING
GBX	DERMATOLOGY	CGA	PRODUCTION DESIGN ENGINEERING
GCA	ALLERGY	CGK	GEOLOGICAL ENGINEERING
GCD	TUBERCULOSIS	CGX	ENGINEERING ADMINISTRATION
GCJ	RHEUMATIC DISEASES	CHA	ENGINEERING ELECTRONICS
GCK	GASTROLOGY	CHB	ENGINEERING RADIO
GCL	ARTHRITIS	CHF	ELECTRONIC WARFARE SYSTEMS
GMF	ATOMIC MEDICINE		TECHNOLOGY
GOB	PHYSICIAN'S ASSISTANT TRAINING	CHJ	JOINT COMMAND, CONTROL & COMMUNICATION
PA	BASIC SCIENCE	CHX	ENGINEERING ELECTRICAL
GPB	PRE-DENTAL AND PRE-VET	CKB	ENGINEERING ORDNANCE
GPC	MEDICAL SCIENCES GENERAL	CKC	ENGINEERING RAILWAY
GPX	PRE-MED	CKD	ENGINEERING REFRIGERATION
HAX	PATHOLOGY TISSUE(ONCOLOGY)	CKE	ENGINEERING AIR CONDITIONING
HCX	LABORATORY ANIMAL SCIENCES	CKF	ENGINEERING HYDRAULIC
IIX	DENTAL PROSTHESIS	CKH	ENGINEERING MECHANICS
IJX	DENTAL MATERIALS		
KXX	PHARMACY		
LAX	PHYSIOLOGIC OPTICS		

Academic Discipline Mix 4 - Engineering

CODE	ACADEMIC TITLE
CAA	ARCHITECTURAL ENGINEERING
CAB	NAVAL ARCHITECTURE ENGINEERING
CAC	ARCHITECTURE LANDSCAPE
CAX	ARCHITECTURE GENERAL

CKK ENGINEERING HEATING
 CKL ENGINEERING
 AUTOMOTIVE
 CKM ENGINEERING DIESEL
 CKN ENGINEERING EXPLOSIVE
 CKO MISSILES AND
 MUNITIONS
 CKP GUIDED MISSILES
 CKQ SANITARY ENGINEERING
 CKX MECHANICAL
 ENGINEERING
 CLA ENGINEERING NUCLEAR
 EFFECTS
 CLB ENGINEERING REACTOR
 CLD CIVIL ENGINEERING
 (CONSTRUCTION)
 CLE MAINTAINABILITY
 ENGINEERING
 CLF NUCLEAR ENGINEERING
 CME MATERIAL ENGINEERING
 CMX ENGINEERING MARINE
 CNX ENGINEERING
 METALLURGICAL
 CPE POLYMER ENGINEERING
 CPF POWER ENGINEERING
 CPG PLASTICS ENGINEERING
 CPX ENGINEERING MINING
 CQX ENGINEERING PIPELINE
 CRA FUEL TECHNOLOGY
 CRM ENERGY RESOURCE
 MANAGEMENT
 CRX ENGINEERING
 PETROLEUM

CSX ENGINEERING PHYSICS
 CSY VERTICAL LIFT
 TECHNOLOGY
 CTX ENGINEERING SAFETY
 CUA COMPUTER SCIENCE
 (ENGINEERING)
 CUB OPERATIONS RESEARCH
 (STRATEGIC &
 TACTICAL SCIENCE/
 CUC OPERATIONS RESEARCH
 ANALYST
 (ENGINEERING)
 CUD COMPUTER ENGINEERING
 (ARTIFICIAL
 INTELLIGENCE)
 CUG SOFTWARE ENGINEERING
 CUX SYSTEMS ENGINEERING
 CWX ENGINEERING TEXTILE
 CXX ENGINEERING GENERAL
 CYA HUMAN FACTORS
 ENGINEERING
 CYX ENGINEERING
 INDUSTRIAL
 CYY ROBOTICS ENGINEERING

**Academic Discipline Mix 5 -
Nursing**

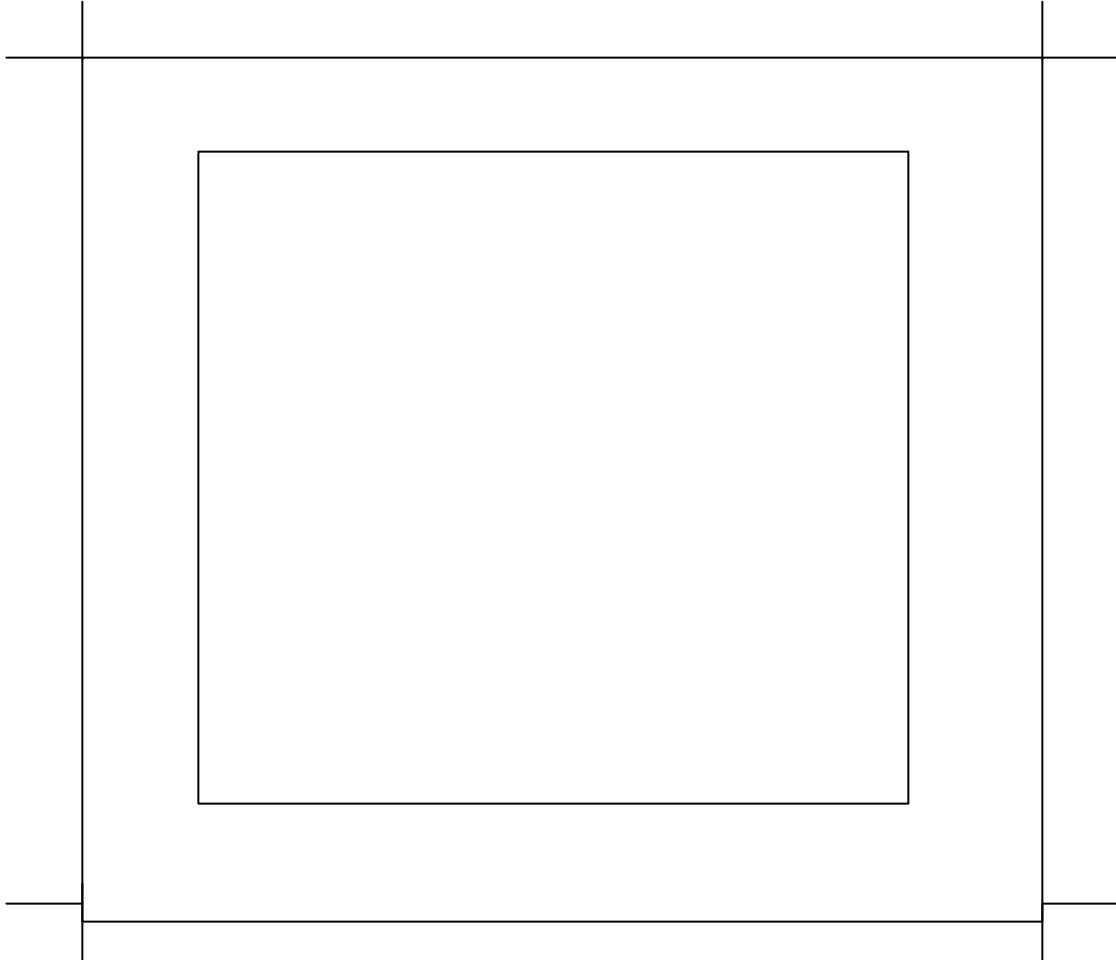
CODE ACADEMIC TITLE
 JXX NURSING GENERAL

THIS PAGE INTENTIONALLY LEFT BLANK

**ACTIVE DUTY/RESERVE ROTC SCHOLARSHIP APPLICANT SNAPSHOT
(ROTC CADET COMMAND REG 145-1)**

DATA REQUIRED BY THE PRIVACY ACT OF 1974

1. **AUTHORITY:** 10 USA 2101 AND 2107. 2. **PRINCIPAL PURPOSE(S):** To physically identify each applicant. 3. **ROUTINE USES:** To be used by the HQ ROTC Cadet Command Selection Board in consideration of the applicant 4. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT OF INDIVIDUAL NOT PROVIDING INFORMATION:** Use of this form is mandatory. Applicant may not be considered if picture is not submitted.



SIGNATURE OF APPLICANT		
PRINTED NAME:		
SSN	HEIGHT	WEIGHT
DATE OF PICTURE (MONTH AND YEAR)		AGE

NOTE: If this form must be folded for mailing, fold along dotted lines

THIS PAGE INTENTIONALLY LEFT BLANK



CRIS Registration Request

(For Non-DEERS Enrolled/TRICARE Ineligible Beneficiaries)

Beneficiary Information:

Date of Enrollment: _____ SSN: _____
Month/Day/Year

Beneficiary Name: _____ Date of Birth: _____
Last First MI Month/Day/Year

Address: _____ Apartment #: _____
City: _____ State: _____ Zip Code: _____
Tel #: _____

Male Female (Circle One) Status: _____ ROTC _____
(Active Guard/Reserve, ROTC, Partners for Peace, ect.)

Reason for Appointment (Circle One):

Non-Scholarship Physical

DoDMERB Physical

Remedial/Consult/Other (Explain): _____

Dates Available for Appointment: _____

Next of Kin: _____ Relationship: _____
Last First MI

Address: _____ Apartment #: _____
City: _____ State: _____ Zip Code: _____
Tel #: _____

MTF Authorizing Official (for MTF office use only):

Name: _____ Leonard Denaro _____ Rank: _____ CPT _____ Tel #: _____ 719.526.7930 _____

Signature: _____

TriWest Employee (for TriWest office use only):

Name: _____ Signature: _____

THIS PAGE INTENTIONALLY LEFT BLANK

PHYSICAL PREPARATION

PLEASE NOTE THE FOLLOWING ON CORRECTIVE CONTACT LENSES:

If the applicant wears soft contact lenses, they must have them removed at least three days prior to the date of their optometric examination. All other types of contact lenses must be removed 21 days before the examination date. Please inform applicant to bring any type of contact lenses or corrective glasses with them to the examination.

Failure to remove contact lenses for the proper amount of time may result in a repeat optical examination at applicants' expense.

PREPARATION FOR EXAM

Physicals can be performed even if you have a minor illness such as a cold or during a female's menstrual cycle. Discontinue all non-essential medications for at least 24 hours prior to the exam unless you are otherwise instructed by your physician. All candidates are required to provide blood for testing and a small urine specimen for a routine urinalysis. Prepare for this by consuming water just prior to arriving for your appointment. Failure to submit the blood or urine specimens may result in having testing done at applicants' expense. Applicant should avoid strenuous exercise for at least 48 hours before the exam. Strenuous exercise may affect the results of your blood and/or urine testing. Avoid all stimulants such as coffee, tea, or cola for at least 24 hours prior to the exam. A visual rectal examination is a mandatory DODMERB physical requirement for both men and women.

SPECIAL CONSIDERATIONS FOR WOMEN

Female applicants need only to have a *visual* pelvic examination. The applicant's personal physician may complete this requirement, if she so chooses. Should she decide to do so, the cost of this exam will be at her own expense. Examinations performed by your personal physician should be completed before the DODMERB physical so that the results can be brought to the assigned medical examiner at your appointment. If you have had a visual pelvic exam within the last 11 months, you may supply the results of this test to the medical examiner and avoid having to repeat this examination.

THIS PAGE INTENTIONALLY LEFT BLANK

DOD MEDICAL EXAMINATION REVIEW BOARD (DODMERB)

REPORT OF MEDICAL EXAMINATION

(Please read Privacy Act Statement before completing this form.)

Form Approved
OMB No. 0704-0396
Expires Aug 31, 2003

The public reporting burden for this collection of information is estimated to average 15 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 Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0396), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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 ADDRESS. RETURN COMPLETED FORM TO DODMERB/DR, 8034 EDGERTON DRIVE, SUITE 132, USAF ACADEMY CO 80840-2200.

PRIVACY ACT STATEMENT

DODMERB USE ONLY

AUTHORITY: Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397.

PRINCIPAL PURPOSE: To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corps (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

ROUTINE USES: This information may be disclosed to the Coast Guard Academy and Merchant Marine Academy for applications to their Academies.

DISCLOSURE: Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Account Number (SSN) is used for positive identification of records.

APPLICANT DATA

1. DATE OF EXAMINATION (YYYYMMDD)		2. NAME (Last, First, Middle Initial)			3. SOCIAL SECURITY ACCOUNT NUMBER		
4. DATE OF BIRTH (YYYYMMDD)		5. AGE		6. SEX		7. RACE (Ethnic Group)	
8. MAILING ADDRESS OR DET NUMBER/BTN NUMBER UCCS Army ROTC (FICE: 004509) 1420 Austin Bluffs Parkway P.O. Box 7150 Colorado Springs, CO 80933-7150				9. STATUS (X one) <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> RESERVE/GUARD		10. EXAMINER ADDRESS (Street, City, State and Zip Code) TMC 10 Fort Carson, CO 80913	

MEASUREMENTS

11. HEIGHT (to nearest 1/4 inch)		12. WEIGHT (to nearest pound)			13. BLOOD PRESSURE			14 PULSE			15. EKG						
STANDING		SITTING			SYSTOLIC / DIASTOLIC						<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL						
16. AUDIOMETER												17. READING ALOUD TEST					
		500		1000		2000		3000		4000		6000		SATISFACTORY			
RIGHT								LEFT						UNSATISFACTORY (Explain in Item 59)			
18. DISTANT VISION			19. REFRACTION			MANIFEST			CYCLO			BY LENS			20. NEAR VISION		
RIGHT 20/			CORR TO 20/			SPH			CYL			AXIS			20/		
LEFT 20/			CORR TO 20/			SPH			CYL			AXIS			20/		
21. HETEROPHORIA/TROPIA (Far only)			22. COVER TEST			23. COLOR VISION						24. DEPTH PERCEPTION					
ES0 ^Δ EXO ^Δ RH ^Δ LH ^Δ			PASS (Non-Tropia)			TEST USED RESULTS						TEST USED SCORE					
			FAIL (Tropia)			PIP No. Passed No. Failed						VTA-ND/OVT/AFVT					
						FALANT No. Passed No. Failed						DPA-V					
						OTHER (Specify)						TITMUS/STEREO FLY (Arcs per second)					
25. NEAR POINT OF CONVERGENCE						26. OCULAR MOTILITY AND BINOCULARITY (RED LENS TEST)											
						PASS FAIL IF FAILED: DIPLOPIA SUPPRESSION											

LABORATORY

27. URINALYSIS																	
PROTEIN		NEG		T		1+		2+		3+		4+		MICROSCOPIC EXAMINATION (If required) (X one)			
SUGAR		NEG		T		1+		2+		3+		4+		NEGATIVE			
BLOOD		NEG		T		1+		2+		3+		4+		POSITIVE			
LEUKOCYTE ESTERASE		NEG		T		1+		2+		3+		4+		(List results)			
28. BLOOD						29. OTHER TESTS (Specify type and results)											
TYPE			RH FACTOR														
HEMATOCRIT			HEMOGLOBIN														

CLINICAL EVALUATION					
NORMAL	(X each item in the appropriate column. Enter "NE" if not evaluated)	ABNOR- MAL	NORMAL	(X each item in the appropriate column. Enter "NE" if not evaluated)	ABNOR- MAL
	30. HEAD, FACE, NECK AND SCALP			44. ABDOMEN AND VISCERA (Include hernia)	
	31. NOSE			45. ENDOCRINE SYSTEM	
	32. SINUSES			46. SPINE, OTHER MUSCULOSKELETAL	
	33. MOUTH AND THROAT			47. UPPER EXTREMITIES (Strength, sensation, range of motion)	
	34. EARS - GENERAL (Internal and external canals) (Auditory acuity under item 14)			48. LOWER EXTREMITIES (Except feet) (Strength, sensation, range of motion)	
	35. DRUMS (Perforation)			49. FEET	
	36. VALSALVA			50. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	37. EYES - GENERAL (Visual acuity and refraction under items 18, 19, and 20)			51. SKIN, LYMPHATICS	
	38. PUPILS (Equality and reaction)			52. GU SYSTEM	
	39. OCULAR MOTILITY (Associated parallel movements, nystagmus)			53. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated) EXTERNAL EXAM	
	40. OPHTHALMOSCOPIC			54. FEMALE GU EXTERNAL VISUAL EXAM	
	41. LUNGS AND CHEST (Include breasts)			55. NEUROLOGIC	
	42. HEART (Thrust, size, rhythm, and sounds)			56. PSYCHIATRIC (Specify any personality deviation)	
	43. VASCULAR SYSTEM (Varicosities, etc.)				

57. REPEAT BP OR PULSE EXAM (SITTING) IF BP \geq 140/90 OR PULSE \geq 100

58. NOTES (Describe every abnormality in detail. Enter the item number before each comment.)

59. EXAMINER (If performed by PA or PCNP)

TYPED OR PRINTED NAME	RANK	CORPS OR DEGREE	SIGNATURE
-----------------------	------	-----------------	-----------

60. PHYSICIAN

TYPED OR PRINTED NAME	RANK	DEGREE	SIGNATURE
-----------------------	------	--------	-----------

DOD MEDICAL EXAMINATION REVIEW BOARD (DODMERB) REPORT OF DENTAL EXAMINATION	<i>Form Approved</i> OMB No. 0704-0396 Expires Aug 31, 2003
--	---

The public reporting burden for this collection of information is estimated to average 20 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 Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0396), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO DODMERB/DR, 8034 EDGERTON DRIVE, SUITE 132, USAF ACADEMY CO 80840-2200.**

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397.

PRINCIPAL PURPOSE: To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corps (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

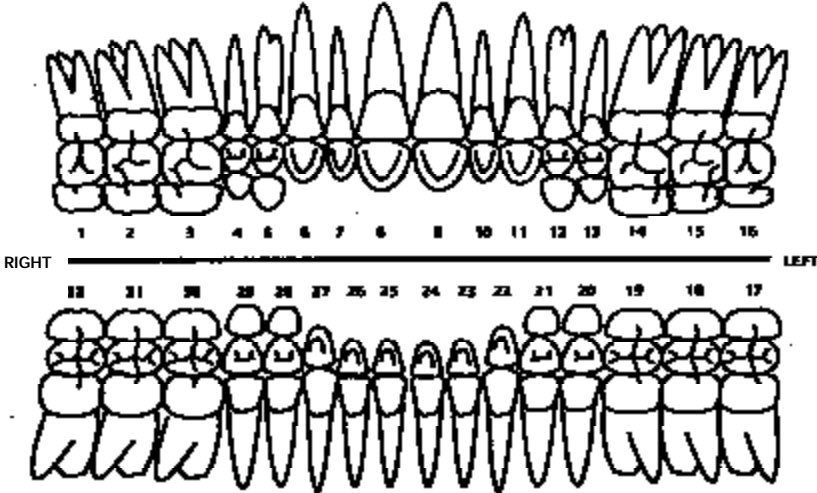
ROUTINE USES: This information may be disclosed to the Coast Guard Academy and Merchant Marine Academy for applications to their Academies.

DISCLOSURE: Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Number (SSN) is used for positive identification of records.

1. NAME OF APPLICANT (<i>Last, First, Middle Initial</i>)	2. SSN OF APPLICANT
--	----------------------------

INSTRUCTIONS

To be completed at scheduled Examining Center by the Examining Dentist. Panoramic and bitewing radiographs must accompany this examination and be identified by name and SSN. Expedite completed Dental Examination with completed Medical Examination to:

<p>3. INDICATE ON THE CHART BELOW, RESTORABLE, NON-RESTORABLE, MISSING TEETH, TEETH REPLACED, SPACES CLOSED AND ANY DEFECTS OR ABNOR-</p> 	<p>4. TYPED OR PRINTED NAME OF EXAMINING DENTIST</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width: 70%; border: none; padding: 5px;">5. SIGNATURE OF EXAMINING DENTIST</td> <td style="width: 30%; border: none; padding: 5px;">6. DATE SIGNED</td> </tr> </table> <hr/> <p>7. EXAMINING FACILITY</p> <p>NAME</p> <hr/> <p>ADDRESS</p> <hr/> <p>NOTE: If examinee has a questionable occlusal relationship, forward diagnostic casts to: DODMERB/DB 8034 Edgerton Drive, Suite 132 USAF Academy CO 80840-2200</p>	5. SIGNATURE OF EXAMINING DENTIST	6. DATE SIGNED
5. SIGNATURE OF EXAMINING DENTIST	6. DATE SIGNED		

8. GENERAL (*X Yes or No for each question.*)

	YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DENTAL CARIES (<i>Indicate on chart, do not chart incipienties.</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MISSING TEETH, OTHER THAN THIRD MOLARS (<i>Indicate on chart by marking "X" through the roots.</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NON-RESTORABLE TEETH (<i>Indicate on chart by drawing two vertical lines through tooth.</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UNERUPTED TEETH (<i>Draw circle around the tooth on the chart and indicate position by an arrow.</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEVELOPMENTAL DISTURBANCES IN TEETH (<i>Significant enamel hypoplasias, amelogenesis imperfecta, dentinogenesis imperfecta, etc.</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STAINED TEETH (<i>Intrinsic, unsightly</i>)

9. HISTORY OF ORAL DISEASE, TUMOR OR ANY OTHER ABNORMALITY OF THE ORAL CAVITY (*X Yes or No for each question. If additional space is needed, use "REMARKS" section.*)

<input type="checkbox"/>	<input type="checkbox"/>	HAS THE EXAMINEE EVER HAD A CYST OR TUMOR REMOVED FROM THE MOUTH OR JAWS? (<i>If so, describe.</i>)
<input type="checkbox"/>	<input type="checkbox"/>	HISTORY OF ABNORMAL BLEEDING OF THE ORAL TISSUES (<i>Describe</i>)
<input type="checkbox"/>	<input type="checkbox"/>	ORAL ULCERATIONS, SOFT TISSUE LESIONS, ETC. (<i>Describe</i>)
<input type="checkbox"/>	<input type="checkbox"/>	HISTORY OF CLEFT LIP
<input type="checkbox"/>	<input type="checkbox"/>	HISTORY OF CLEFT PALATE
<input type="checkbox"/>	<input type="checkbox"/>	IF YES, IS THERE AN ORO-NASAL OR ORO-ANTRAL FISTULA PRESENT?
<input type="checkbox"/>	<input type="checkbox"/>	HISTORY OF TMJ DISEASE OR PAIN (<i>Describe</i>)

(Continued on reverse side)

10. OCCLUSAL RELATIONSHIP

YES NO (X Yes or No for each question. If additional space is needed, use the "REMARKS" section.)

<input type="checkbox"/>	<input type="checkbox"/>	ANTERIOR VERTICAL OPEN BITE GREATER THAN 1 mm
<input type="checkbox"/>	<input type="checkbox"/>	ANTERIOR OVERBITE IN EXCESS OF 4 mm
<input type="checkbox"/>	<input type="checkbox"/>	ANTERIOR HORIZONTAL OVERJET IN EXCESS OF 4 mm
<input type="checkbox"/>	<input type="checkbox"/>	SOFT TISSUE IMPINGEMENT OF THE LOWER ANTERIOR TEETH INTO THE HARD PALATE, OR THE UPPER ANTERIOR TEETH INTO THE LOWER LABIAL GINGIVAE
<input type="checkbox"/>	<input type="checkbox"/>	ANTERIOR CROSSBITE (Describe)
<input type="checkbox"/>	<input type="checkbox"/>	MANDIBULAR PROGNATHISM
<input type="checkbox"/>	<input type="checkbox"/>	POSTERIOR OPEN BITE (Bilateral involving more than one tooth)
<input type="checkbox"/>	<input type="checkbox"/>	POSTERIOR CROSSBITE (Entire quadrant)
<input type="checkbox"/>	<input type="checkbox"/>	UNSIGHTLY CROWDING OF THE ANTERIOR TEETH
<input type="checkbox"/>	<input type="checkbox"/>	MULTIPLE CONGENITALLY MISSING TEETH
<input type="checkbox"/>	<input type="checkbox"/>	MIDLINE DEVIATION
<input type="checkbox"/>	<input type="checkbox"/>	ARE DENTAL STUDY CASTS BEING FORWARDED?

11. ORTHODONTICS (X Yes or No for each question.)

<input type="checkbox"/>	<input type="checkbox"/>	PAST HISTORY OF ORTHODONTIC TREATMENT (Date completed)
<input type="checkbox"/>	<input type="checkbox"/>	PRESENTLY UNDERGOING ACTIVE ORTHODONTIC TREATMENT (Specify fixed or removable.) (Is orthodontic surgery required? If Yes, describe.)
<input type="checkbox"/>	<input type="checkbox"/>	WEARING RETAINER APPLIANCES

12. PROSTHODONTICS (X Yes or No for each question. If additional space is needed, use the "REMARKS" section.)

<input type="checkbox"/>	<input type="checkbox"/>	MISSING TEETH (Prosthesis required. Describe.)
<input type="checkbox"/>	<input type="checkbox"/>	MISSING TEETH REPLACED BY AN UNSERVICEABLE PROSTHESIS (Describe)
<input type="checkbox"/>	<input type="checkbox"/>	ARE THERE LESS THAN EIGHT, SERVICEABLE, NATURAL TEETH IN EACH ARCH?

13. PERIODONTAL STATUS (X Yes or No for each question.)

PERIODONTAL SCREENING RECORD

<input type="checkbox"/>	<input type="checkbox"/>	MODERATE TO HEAVY CALCULUS (Supra and/or sub-gingival)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	ACUTE NECROTIZING ULCERATIVE GINGIVITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	LOCAL OR GENERALIZED PERIODONTITIS (With associated bone loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	LOCALIZED JUVENILE PERIODONTITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	PERICORONITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. PANORAPHIC RADIOGRAPH EXAMINATION (X Yes or No for each question. If additional space is needed, use the "REMARKS" section.)

<input type="checkbox"/>	<input type="checkbox"/>	ABNORMAL RADIOLUCENT/RADIOPAQUE AREA (Describe)
<input type="checkbox"/>	<input type="checkbox"/>	IMPACTED TEETH WITH PATHOLOGY (Describe)
<input type="checkbox"/>	<input type="checkbox"/>	IMPACTED TEETH OTHER THAN THIRD MOLARS (Describe)
<input type="checkbox"/>	<input type="checkbox"/>	OTHER RADIOGRAPHIC ABNORMALITIES (Describe)

15. OTHER ABNORMAL CONDITIONS OF THE ORAL CAVITY NOT PREVIOUSLY MENTIONED (X Yes or No.)

<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--

16. REMARKS (Indicate item of reference. Use additional sheet if necessary.)

DODMERB USE ONLY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DOD MEDICAL EXAMINATION REVIEW BOARD (DODMERB)
REPORT OF MEDICAL HISTORY**

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

*Form Approved
OMB No. 0704-0396
Expires Aug 31, 2003*

The public reporting burden for this collection of information is estimated to average 15 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 Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0396), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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 ADDRESS. RETURN COMPLETED FORM TO DODMERB/DR, 8034 EDGERTON DRIVE, SUITE 132, USAF ACADEMY CO 80840-2200.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397.

PRINCIPAL PURPOSE: To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corps (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

ROUTINE USES: This information may be disclosed to the Coast Guard Academy and Merchant Marine Academy for applications to their Academies.

DISCLOSURE: Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Number (SSN) is used for positive identification of records.

1. NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NUMBER	3. TELEPHONE NO. (Include area code)
4. PURPOSE OF EXAMINATION	5. EXAMINATION FACILITY OR EXAMINER AND ADDRESS (Include ZIP Code)		6. DATE OF EXAMINATION (YYYYMMDD)

SECTION I

Mark each item "Yes" or "No". Every question must be answered. Every "Yes" must be explained in the REMARKS section. Mark and explain each item to the best of your ability. Be perfectly honest! Your medical records may be requested to clarify your medical history.

7. HAVE YOU EVER OR DO YOU NOW USE ANY OF THE FOLLOWING:		YES	NO	8. WEAR GLASSES	9a. If you wear contact lenses, how many days have they been removed prior to this examination?		
YES	NO				Less than 3	3 - 20	21 or over
	Amphetamines			9. Wear contact lenses or corneal eye retainers (If Yes, complete 9a.)	Type lens:	Hard	Soft
	Barbiturates						
	Cocaine			10. HAVE YOU EVER HAD YOUR VISION IMPROVED BY METHODS OTHER THAN STATED IN QUESTIONS 8 OR 9?	YES	NO	
	Narcotic Drugs						
	Marijuana						
	Alcohol (Amount, frequency, treatment, if any)						
	Chemical Inhalants						
	Hallucinogens						
	11. Eye trouble (exclude glasses, contact lenses)			40. Gallbladder trouble or gallstones			66. Sleepwalking episodes after age 12
	12. Have fluctuating vision or double vision			41. Hepatitis (yellow jaundice)			67. Easily fatigued
	13. Have any allergies			42. Hemorrhoids or rectal disease			68. Motion sickness (car, train, sea, or air)
	14. Take any medications regularly			43. Black or bloody stools			69. X-ray or other radiation therapy
	15. Stutter or stammer			44. Frequent or painful urination			70. Sensitivity to chemicals, dust, sunlight, etc.
	16. Frequent, severe, or migraine headaches			45. Bed wetting after age 12			71. Learning disabilities or speech problems
	17. Fainting or dizzy spells			46. Blood, protein, or sugar in urine	YES	NO	HAVE YOU EVER
	18. Periods of unconsciousness			47. History of diabetes			72. Been refused employment or been unable to hold a job or stay in school because of:
	19. Head injury or skull fracture			48. Kidney stone			a. Inability to perform certain movements?
	20. Epilepsy, seizures or convulsions			49. Hernia or rupture			b. Inability to assume certain positions?
	21. Loss of memory (amnesia)			50. Any bone or joint problem, injuries, surgery or medical treatment			c. Other medical reasons?
	22. Depression, anxiety, excessive worry, or nervousness			51. Steel pins, plates, or staples in any bones			73. Been rejected for or discharged from military service because of physical, mental or other reasons?
	23. Any mental condition or illness			52. Wear a bone or joint brace or support			74. Been denied or rated up for life insurance?
	24. Frequent trouble sleeping			53. Back pain or trouble			75. Received or applied for pension or compensation for existing disability?
	25. Hearing loss			54. Paralysis or weakness			76. Had or been advised to have, any surgical operations?
	26. Ear, nose, or throat trouble			55. Foot trouble/use orthotics			77. Consulted, or been treated by clinics, hospitals, physicians, healers, or other practitioners for other than minor illnesses?
	27. Sinusitis or sinus trouble			56. Rheumatic fever			78. Had any injury or illness other than those already noted?
	28. Hay fever or allergic rhinitis			57. Tuberculosis or positive TB test			
	29. Severe tooth or gum trouble			58. Sexually transmitted disease (syphilis, gonorrhea, herpes)			
	30. Thyroid trouble			59. Skin conditions such as acne, psoriasis, hand or foot rashes, eczema, or dry skin			
	31. Chronic cough or lung disease			60. Adverse reaction to vaccines, drugs, medicines, foods, insect bites or stings	YES	NO	FEMALES ONLY (Complete Items 79 - 82)
	32. Asthma or wheezing			61. Eating disorder			79. Been treated for a female disorder, painful periods, or cramps
	33. Unusual shortness of breath			62. Recent gain or loss of weight			80. Had a change in menstrual pattern
	34. Pain or pressure in chest			63. Excessive bleeding or easy bruising			81. Are you now pregnant?
	35. Palpitation or pounding heart			64. Tumor, growth, cyst, or cancer			82. Date of last menstrual period (YYYYMMDD)
	36. Heart trouble or heart murmur			65. Considered or attempted suicide			
	37. High blood pressure						
	38. Coughed up or vomited blood						
	39. Stomach, liver, or intestinal trouble						

SECTION II

83. REMARKS. Every "yes" response in items 7 through 81 must be explained in the space provided. Give specific dates and details including names of physicians and hospitals or clinics and the current status of the condition. Continue on a separate sheet and attach to this form if additional space is needed.

84. CERTIFICATION. I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the physicians, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE	DATE SIGNED (YYYYMMDD)
-----------------------------------	-----------	---------------------------

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

85. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Examiner shall comment on all "Yes" and blank answers (indicating the item number before each comment). Develop by interview any additional medical history deemed important, and record significant findings here. If additional space is needed, continue on a separate sheet and attach to this form.)

86. PHYSICIAN OR EXAMINER			87. NUMBER OF ATTACHED SHEETS
TYPED OR PRINTED NAME	SIGNATURE	DATE SIGNED (YYYYMMDD)	

STATEMENTS FOR ENLISTMENT
(PARTS I THROUGH IV)

For use of this form, see AR 601-280; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	Section 504, 505, 508, and 510, Title 10, USC.
PRINCIPAL PURPOSE:	To determine eligibility for reenlistment.
ROUTINE USES:	Information may be referred to appropriate authorities if disciplinary action or discharge for fraudulent enlistment/reenlistment is appropriate.
DISCLOSURE:	Disclosure of personal information is voluntary, however, failure to furnish information requested may result in of reenlistment in the US Army.

PART I - GENERAL STATEMENT OF UNDERSTANDING

TO BE COMPLETED BY ALL APPLICANTS FOR REENLISTMENT IN THE REGULAR ARMY

1. **ACKNOWLEDGEMENT:** In connection with my reenlistment in the Regular Army, I hereby acknowledge that:
- a. All promises made to me are contained in Item 10 of DD Form 4, my reenlistment agreement, and Part II of this statement.
 - b. I have not been guaranteed attendance at an MOS-producing Army service school or Airborne training unless the title of the school course or Airborne training has been entered in Item 10, DD Form 4.
 - c. Should I make any material omission or misstatement of fact in connection with any of my enlistment documents, (1) I may be subject to early separation from this enlistment, or (2) I will complete, if permitted, the period for which I enlisted in any assignment deemed appropriate in accordance with the needs of the Army.
 - d. Should I choose an option which requires a security clearance and I am not granted such clearance after I have enlisted, or my granted clearance is revoked after I have enlisted, I agree to accept any assignment in accordance with the needs of the Army and I will complete the period for which I enlisted.
 - e. Law violations for which I have been convicted or have had adverse adjudications as a juvenile or youthful offender may be cause for denial of security clearance.
 - f. My choice of initial enlistment option shown in Item 10 of my DD Form 4 does not constitute any guarantee that a substantial part of my enlistment will be served in the option, and the needs of the service may result in my transfer at any time (*other than as may be provided by the specific option selected*) to any other assignment within the continental United States or to an overseas command. I am aware that due to the needs of the Army I may be subject to involuntary retraining and/or reclassification.
 - g. Should my enlistment involve a commitment for specialized training or a selective assignment, conduct on my part occurring after my enlistment which results in disciplinary action may be just cause for my transfer to any other assignment within the continental United States or to any overseas command.
 - h. My acceptance for enlistment carries no promise whatsoever relative to furnishing transportation for dependents to overseas commands or to the furnishing of family quarters either in overseas commands or in the United States.
 - i. If, after my enlistment for a specific option, I should fail to meet required qualifications which cannot be determined prior to my enlistment, I understand that I will not be offered another enlistment option, but will be trained and assigned in accordance with the needs of the Army and will be required to complete the term of service for which I enlisted.
 - j. If, after my enlistment in the Regular Army, I should waive my initial enlistment option as listed in Item 10, DD Form 4, and in Part II of my statement for enlistment for any reason whatsoever, this initial option will not be reinstated at a later date.
 - k. I am not consciously opposed by reason or religious training or belief, to bearing arms or to participation, or training for war in any form.
 - l. I am aware that in the event of armed conflict involving the United States, the Secretary of the Army may declare null and void any portion of my enlistment option pertaining to training, assignment, or duty, if he determines such action to be necessary.

PART II - IN-SERVICE REENLISTMENT OPTION

TO BE COMPLETED BY ALL APPLICANTS REENLISTING FOR A SPECIFIC OPTION

2. In connection with my reenlistment in the Regular Army for the _____
Reenlistment option, I hereby acknowledge that provided I meet required prerequisites I will be assigned as follows: _____
3. I have read and understand the provisions of the reenlistment option for which I am reenlisting. Furthermore, to avoid misunderstandings, I have recorded below in my own words and handwriting all spoken and written promises that have been made to me in connection with my enlistment in the Regular Army (*at end of statement, applicant will print the word "END"*). _____
4. If reenlisting for the CONUS Station of Choice Reenlistment Option, I understand that my stabilization will commence on the date of reenlistment or upon arrival at my new station, whichever is later. I further understand that if I am subsequently placed on TDY in excess of 30 days, my stabilization will be extended by the number of days in excess of the initial 30 day period, unless I voluntarily waive my stabilization. It is also understood that if HQDA determines that in order to meet the operational needs of the Army, the unit or subordinate element must be deployed from the parent organization, I must deploy with the unit and no grounds for a broken reenlistment commitment will exist.

5. In the event my enlistment commitment cannot be fulfilled, the alternative available to me will be as provided in AR 635-200, as of the date of my claim of unfulfilled enlistment commitment or erroneous enlistment is submitted. I understand that I will have a period of 30 days to elect an alternative or to request other training or assignment from the date I am advised that my selected option cannot be fulfilled or, where not formally advised, from the date I discover or should have discovered the grounds for submitting a claim. This period may be extended by the general courts-martial convening authority when necessary to determine the availability of my selected alternative. If I make no election within that period, my claim will be deemed to have been waived. I may withdraw any request for training or reassignment prior to approval and elect another alternative, but not thereafter.

PART III - STATEMENT OF LAW VIOLATIONS AND PREVIOUSLY UNDISCLOSED CONDITIONS

6. Complete the statement in a below and answer questions b through f as appropriate, by placing a checkmark in the "YES" or "NO" column. In-service personnel immediately enlisting will list those violations occurring during their current term of service, and offenses not previously revealed.

a. I have read or have had explained to me, paragraphs 2-4 and 7-4, AR 604-10, which set forth the criteria (*reasons*) for discharge and types of discharge, and certify that have have not (*check one*) engaged in disloyal or subversive activities as defined herein.

b. Have you ever been rejected for enlistment or induction in any of the Armed Forces to include failure of the mental examinations administered by any MEPS or been discharged from previous service under other than honorable conditions, under Personnel Security Regulations, or by reason of unsuitability, or undesirable habits or traits of character, or for medical reasons?

c. Have you ever been arrested, cited, charged or held by Federal, State, County, City or other law enforcement authorities or by Juvenile Court or Juvenile Probation Officials for any violation of any Federal Law, State Law, County or Municipal Law, Regulation or Ordinance?

d. Have you ever been convicted of a felony or any other offense or adjudicated a youthful or juvenile delinquent?

e. Have you ever been imprisoned under sentence of any court?

f. Are you now or have you ever been on parole, probation supervision, under suspended sentence, or are you awaiting final action of charges against you?

YES	NO

7. In the space below, give full details for any of the above questions to which you answered "YES." (*If additional space is required, continue on a separate sheet of paper and attach securely to this form.*)

a. REF ITEM	b. OFFENSE(s)	c. DATE AND PLACE	d. DISPOSITION

8. **UNDERSTANDING:** I understand that should I intentionally conceal or misrepresent any information regarding my record of arrests or convictions or juvenile court adjudications, I may later be subject to disciplinary action under the Uniform Code of Military Justice (*UCMJ*) and/or discharged from the Service under other than honorable conditions.

PART IV - DEPENDENCY STATEMENT

TO BE COMPLETED BY ALL APPLICANTS

9. Relationship and age of all persons who are dependent upon me for support are recorded below (*if none, so state*):

RELATIONSHIP	AGE	RELATIONSHIP	AGE	RELATIONSHIP	AGE

10. **UNDERSTANDING:** I understand that if I am selected for enlistment in the Regular Army, I will be expected to accept such assignments as are in the best interest of the Service regardless of marital status and/or responsibility for dependents; and that it is my responsibility to make appropriate arrangements for the care of my dependents should I be required to perform duty in an area where dependents are not authorized.

11. I have read and understand the meaning of all statements contained in Parts I through IV of this form and agree to all conditions set forth therein. I certify that all answers to questions, statements and entries on this form are true, correct and complete, and that the Career Counselor has informed me that should I intentionally conceal any information required above, I may later be subject to disciplinary action or discharge upon its discovery.

12. SIGNATURE OF APPLICANT	13. DATE	14. SIGNATURE AND TITLE OF WITNESS
----------------------------	----------	------------------------------------

APPENDIX J

FINANCIAL STATEMENT FORMAT

FINANCIAL STATEMENT

ASSETS:

Savings-----
Bonds, Stocks-----
Furniture-----
House-----
Motor Vehicles-----
Other-----

TOTAL: _____

LIABILITIES AFTER SEPARATION:

Rent or Mortgage-----
Utilities-----
Food-----
Medical-----
Clothing-----
Insurance; Life-----
Insurance; Auto-----
Car Operating Expenses-----
Car Payment-----
Loans/Depts-----
Miscellaneous Expenses-----
Child Support (if divorced)-----
Other-----

TOTAL MONTHLY DEBTS: _____

INCOME AFTER SEPARATION (GROSS):

Applicant-----
Spouse-----
Scholarship/grants-----
Other-----

TOTAL MONTHLY INCOME: _____

(SIGNATURE OF APPLICANT)

THIS PAGE INTENTIONALLY LEFT BLANK

PLANNED ACADEMIC PROGRAM WORKSHEET

(ROTC Cadet Comd Pam 145-4)

DATA REQUIRED BY PRIVACY ACT STATEMENT OF 1974

1. **AUTHORITY:** Title 10, US Code 2101 and 2104
2. **PRINCIPAL PURPOSE(S):** To provide information and data necessary for administering the Army Senior ROTC program and processing and managing of selected students for commissioning in the Army IAW established public law and Army Regulations.
3. **ROUTINE USES:** To provide a projected academic plan to determine if the applicant meets the public law requirements of two remaining academic years.
4. **VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Voluntary information is necessary to determine eligibility of the individual for acceptance, continuance or discontinuance in the Army ROTC program.

1. NAME OF STUDENT (LAST, FIRST, MI) _____	2. ACADEMIC MAJOR _____	3. AS OF DATE (DAY, MONTH, YEAR) _____	
8. INSTITUTION OF ATTENDANCE AND IDENTIFICATION a. Name: _____ b. Identification (Check one): Host Extension Center _____ Cross-Enrolled _____ c. If attendance is at an extension center or cross-enrolled school, name of the host institution: _____	9. CREDIT HOURS a. Total required for degree: _____ (1) Total ROTC Hours: _____ (2) ROTC Hours that count: _____ (3) Total Hours Rqd w/ROTC: _____ b. Transfer Credits accepted _____ c. Credits toward deg Comp to date: _____ d. ROTC Comp to Date (don't count toward deg): _____ e. Remaining for Degree: _____ f. Remaining Terms: _____ g. "Adequate" Progression: e divided by f _____	10. GRADE POINT AVERAGE (GPA) a. Cumulative _____ b. Last Term _____ c. Grading Scale _____ h. Total Programmed hours (w/ROTC): _____	

We, the undersigned, hereby declare that the program outlined on the worksheet (on the reverse side of this statement) that

Cadet: _____ is about to undertake is a formally structured program approved by _____
 (Cadet Name) (Name of University or College)

designed to meet the requirements of a _____; that the degree to be attained is the culmination of an
 (TYPE OF DEGREE)

undergraduate college program of at least four years; and that the remaining credit hours shown on the worksheet
 are necessary either to fulfill discipline requirements or to fulfill credit hour requirements, or both, for the attainment of the degree.

 (Date) (CADET SIGNATURE)

 (Date) (PROFESSOR OF MILITARY SCIENCE SIGNATURE)

THIS PAGE INTENTIONALLY LEFT BLANK