

College Program NROTC Application

Applicant Checklist:

- ☐ Personal Statement (one page explaining personal leadership and why you want to be part of the NROTC program and a Navy/Marine Officer)
- ☐ Copy of Letter of Acceptance to College/University (if applicable)
- ☐ Transcripts from High School/College (unofficial or official)
- ☐ CNET 1533 College Program Application (2 pages)
- ☐ Drug and Alcohol Statement (2 pages)
- ☐ Medical History Report (2 pages)
- ☐ Personal Data Questionnaire (2 pages)
- ☐ **Optional:** Letters of Recommendation

Frequently Asked Questions about College Program:

Q: Is a College Program student like a Scholarship student?

A: If accepted as a College Program student, you will attend orientation and fully participate in ROTC as any other ROTC student. The USF NROTC Staff looks at every College Program student as a potential scholarship applicant.

Q: How do I pick up a scholarship once in the program?

A: You can either be submitted for a Leadership Scholarship or be submitted for Advanced Standing in the Spring of your Sophomore year. In other words, if you don't earn a scholarship by the end of your Sophomore year, you automatically apply for Advance Standing.

Q: What is Advanced Standing?

A: Advance Standing, if granted, will provide you with the monthly stipend during the school year for the remaining two years and would attend summer cruise between your Junior and Senior year. Upon graduation, the Advanced Standing Midshipman receives the same commission as Scholarship Midshipmen.

Q: What if I don't get picked up for Scholarship or Advanced Standing by my junior year?

A: If a Midshipman has not been granted Advance Standing by the beginning of the junior year, he or she will be disenrolled from the ROTC program. You can then look at other Officer commissioning programs through your local Officer Recruiter.

Name: _____

**NAVAL RESERVE OFFICERS TRAINING CORPS
COLLEGE PROGRAM APPLICATION**

Privacy Act Statement

Authority: The authority to request this information is contained in: 5 USC § 301 (Authorizing Forms and Regulations); Executive Order 9397 (Use of Social Security Numbers).

Principal Purpose(s): To be completed by applicants for the Naval Reserve Officers Training Corps (NROTC) College Program.

Routine Use(s): Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 CFR § 701.112, <http://www.privacy.navy.mil> and the routine uses set forth here.

Disclosure: You are not required to provide this information; however, failure to do so will result in an inability to fairly evaluate your application and may result in an inability to process the application.

Personal Information

Name		SSN (<i>last 4</i>)	Date of Birth
Phone Number	Cell Phone Number	Place of Birth	
Current Mailing Address		Name of Parent/Guardian	
		Address of Parent/Guardian	

Are you a US Citizen? Yes No USN USMC

If Naturalized, give date, place, court of jurisdiction, and certificate number:

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

Service	Dates of Service	Highest Rank	EAOS	Type of Discharge

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

Extracurricular Activities

READ CAREFULLY: Identify only those activities in which you engaged during school grades 9-12. NROTC is particularly interested in identifying activities in which an applicant has participated involving responsibility and leadership.

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

Athletic Activities

READ CAREFULLY: Identify only those sports which you participated in during school grades 9-12. Mark the year in which you received a letter and/or you were on varsity. Mark the box if you participated in JV or on a club team during any year. Do not list intramural activity.

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

Other Activities

Attach additional sheets, if needed, to identify other activities not listed above that involve considerable responsibility and leadership. List positions held and the average number of hours devoted per week to the activity.

Employment				
List in chronological order beginning with the most recent, each period of full-time, part-time, or self-employment. List inclusive dates for each period. If discharged for cause from any employment, so state. Include any leadership responsibilities.				
Dates		Employer Name and Address	Hrs/Wk	Type of Work Performed
From	To			
Education				
List in chronological order beginning with the most recent school attended. Include any/all college work, whether or not a degree was earned. Attach transcripts.				
Dates		School Name and Address	Major	Degree
From	To			
Academics				
PSAT	Verbal: _____	Math: _____	High School Name: _____	
SAT	Verbal: _____	Math: _____	Class Rank: _____	Class Size: _____
ACT	Verbal: _____	Math: _____	GPA: _____	GPA Scale: _____
Answer the following questions. If you answer YES, provide explanations on an additional sheet.			Yes	No
1. Have you ever applied for or signed any agreement concerning any program leading to a commission in any of the Armed Forces of the United States? (If you answer YES, list the date, place of application, program applied for and current status of application.)			<input type="checkbox"/>	<input type="checkbox"/>
2. Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States? (If you answer YES, list the date, place, service and current status of enlistment.)			<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been arrested, detained, indicted, summoned into court, or convicted for any violation of civil or military law, including juvenile offenses and moving traffic violations? (If you answer YES, give complete description of incident, name and place of court, nature of offense, date and disposition of case.)			<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently awaiting trial or sentence, on probation, under suspended sentence or under any other type of military or civilian restraint as a result of violation of law or regulation?			<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been known by any other name or names other than that used in this application? (If you answer YES, even if such differences were only differences in spelling, explain in affidavit form and submit with application.)			<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any moral obligations or personal convictions that will prevent you from conscientiously bearing arms and supporting and defending the Constitution of the United States against all enemies, foreign and domestic?			<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or dentist? (If you answer YES, attach a statement with the full circumstances, number of times used, amounts taken, period over which taken, and intent for further use.)			<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been arrested or convicted of trafficking illegal drugs?			<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever used LSD, marijuana, sniffed glue or used any other hallucinogens, hypnotic, stimulants, or other known harmful or habit-forming drugs and/or chemicals? (If you answer YES, attach a statement with the full circumstances, number of times used, amounts taken, period over which taken, and intent for further use.)			<input type="checkbox"/>	<input type="checkbox"/>
I certify that all information given by me is complete and correct to the best of my knowledge.				
I understand that this applicant questionnaire does not obligate me in any way, and that I may withdraw my application at any time.				
Signature _____			Date _____	
NROTC COLLEGE PROGRAM OATH				
"I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of office on which I am about to enter: So help me God."				
Signature _____			Date _____	

PERSONAL DATA QUESTIONNAIRE

SSN: _____ **Date of Birth:** _____
(Example: 11-AUG-2008)

Name (Last, First, Middle) _____

Address: _____

Local Mailing Address where you will be staying with (Street, City, State, Zip)

Local Phone or Cell #: () _____ E-Mail Address: _____

Place of Birth (City, State) _____

Home of Record Address: _____

(Parents or Guardian mailing address with (Street, City, State, Zip))

Service Option: (circle one) Navy Marine Corps

Blood Type: _____

Place of Birth (City/State): _____

Are you a U. S. Citizen: ____ Yes / No ____

If you are a naturalized citizen of the USA, please provide the following:

Citizenship Certificate Number: _____ Date granted: _____
(Example: 11-AUG-2008)

Issuing Court Name _____ City/State of Court _____

BACKGROUND:

Religion: _____ Sex: _____

Race: (DoD Race choices):

___ American Indian/Native Alaskan

___ Asian

___ Black/African American

___ White/Caucasian

___ Native Hawaiian/Other Pacific Islander

___ Decline to Respond

Marital Status: _____ (S-Single, M-Married, D-Divorced)

Number of dependents _____ (enter 0, 1, 2, as appropriate)

Are you a military dependent: (X One) ☐ YES ☐ NO ☐

Color Hair: _____ Color Eyes: _____ HT: _____ WT: _____

EDUCATION HISTORY:

High School Graduate: (X One) ☐ YES ☐ NO ☐

High School type: (X One) ☐ Public ☐ Private ☐

Location of high school: (X One) ☐ Urban ☐ Suburban ☐ Rural ☐

Was your graduating class more or less than 100: (X One) More ☐ Less ☐

Are you an Eagle Scout: (X One) ☐ YES ☐ NO ☐

High School Class Ranking Percentile: _____

Enter 1 if you were in top 20%

Enter 2 if you were in top 40%

Enter 3 if you were in top 60%

Enter 4 if you were in top 80%

SAT Scores: Math: _____ Verb _____ Composite _____ or

ACT Scores: English _____ Math _____

Did you participate in a JROTC program in high school? (Circle One) Yes ☐ No ☐

If yes: (Circle One) Army ☐ Navy ☐ Marine ☐ Air Force ☐

What is your intended major and minor (if applicable): _____

Estimated College Graduation Date: _____

MILITARY HISTORY:

Have you ever served in the armed forces? (Circle One) Yes ☐ No ☐

If yes: Branch of Service: _____ Rank/Rate _____

If you have ever been discharged from any armed forces, please provide a copy of your DD-214 (discharge certificate).

OTHER:

What university/college will you be attending? (X One)

☐ (USF)

☐ (UT)

☐ (CCC)

PRIVACY ACT STATEMENT

Under authority of Title 10 U.S. Code 2102, information is solicited for the purpose of implementation into the Automatic Data Processing System. The information will become a permanent part of your record and will not be divulged without your written consent to anyone other than the Bureau of Personnel.

You are not required to provide the information requested; however, failure to do so may result in an inability to process your appointment as a Midshipman.

COLLEGE PROGRAM ELIGIBILITY REQUIREMENTS

The PNS is authorized to select students for the basic course of the Four-Year College Program. The minimum criteria for selection are:

- (1) Motivated to serve as a commissioned officer in the naval service.
- (2) Must be a U.S. or Naturalized Citizen or if naturalization papers have been submitted. (Must be naturalized prior to entry to College Program (Advanced Standing)).
- (3) Must be at least 16 years of age on 30 June of the year the student is enrolled.
- (4) Must be enrolled as a full-time student at a host university or a university with a cross-enrollment agreement.
- (5) High school graduate or possess an equivalency certificate.
- (6) High school GPA-minimum 2.3 (4.0) / College GPA-minimum 2.0 (4.0).
- (7) No apparent physically disqualifying factors based on a review of the Report of Medical History (SF93).
- (8) Meets commissioning standards as stated in the Manual of Medical Department, i.e., not color blind, refractive error must not exceed plus or minus 6 diopters in each eye and visual acuity must be correctable to 20/20.
- (9) Must meet the Height/Weight requirements.
- (10) Hair neat, clean and well groomed. (No faddish styles or outrageous multicolored hair.)
- (11) Jewelry. Men, no earrings while in uniform. Women, one earring per each ear (no faddish jewelry) while in uniform.
- (12) Have no record of conviction by court-martial or civil court for other than minor traffic violations.
- (13) Cannot be awaiting trial or sentence, on probation, under suspended sentence or under any other type of military or civil restraint as a result of violation of law or regulation, or who has been convicted of an offense, the nature of which renders him/her unfit for commissioned service.
- (14) Must not be addicted, or physically or psychologically dependent on any drug or alcohol.

(15) Must not have been a trafficker of illegal drugs.

(16) Must not have used dangerous drugs.

(17) Must not have used marijuana within the past year.

Waivers for pre-service drug use may be granted to any applicant if:

(18) Used/experimented with marijuana between six months and one year previous.

(19) No body piercing visible in uniform (other than ears for women).

(20) Tattoos. In accordance with Navy and Marine Corps policy.

(21) Students in the Basic Course may be in a dual status, i.e., drilling reserve, Platoon Leader Class (PLC). Before entering the Advanced Course, students must be released from the drilling reserve or PLC. If, however, a student elects to remain in PLC, he/she must be disenrolled from the NROTC College Program. Some PLC students may desire to remain active with their NROTC peers and may do so, with the following stipulations:

(a) May not be the sole coordinator during PRTs. The MOI and/or AMOI must be present.

(b) If attending drill/rifle and pistol meets, etc., may not be issued orders by the PNS. If the Officer Selection Officer (OSO) cannot issue orders, PNS' should be cautioned to consider the liability of allowing PLC students to attend. Contact CNET (MIDN ADMIN) for guidance.

(22) PNS' are authorized to accept Navy Nurse option College Program students in the Four-Year College Program; however, they must be on scholarship at the time of commissioning.

(23) PRT Standards. Incoming students should meet the following minimum standards:

	17-19 Years		20-29 Years	
	Male	Female	Male	Female
Sit Ups (2 min.)	62	62	58	58
Push Ups (2 min.)	51	24	47	21
1.5 Mile Run	11:00	13:30	12:00	14:15

MEDICAL RECORD	REPORT OF MEDICAL HISTORY	DATE OF EXAM
NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons		
1. NAME OF PATIENT <i>(Last, first, middle)</i>		2. IDENTIFICATION NUMBER
4a. HOME ADDRESS <i>(Street or RFD; City or Town; State; and ZIP Code)</i>		3. GRADE
4b. CITY	4c. STATE	4d. ZIP CODE
5. EXAMINING FACILITY		
6. PURPOSE OF EXAMINATION		

7. STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Use additional pages if necessary)*

a. PRESENT HEALTH	b. CURRENT MEDICATION	REGULAR OR INTERM.
c. ALLERGIES <i>(Include insect bites/stings and common foods)</i>		
	d. HEIGHT Inches not feet	e. WEIGHT Pounds
8. PATIENT'S OCCUPATION	9. ARE YOU <i>(Check one)</i> <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

10. PAST/CURRENT MEDICAL HISTORY

CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW
Household contact with anyone with tuberculosis				Shortness of breath				Bone, joint or other deformity			
Tuberculosis or positive TB test				Pain or pressure in chest				Loss of finger or toe			
Blood in sputum or when coughing				Chronic cough				Painful or "trick" shoulder or elbow			
Excessive bleeding after injury or dental work				Palpitation or pounding heart				Recurrent back pain or any back injury			
Suicide attempt or plans				Heart trouble				"Trick" or locked knee			
Sleepwalking				High or low blood pressure				Foot trouble			
Wear corrective lenses				Cramps in your legs				Nerve injury			
Eye surgery to correct vision				Frequent indigestion				Paralysis <i>(include infantile)</i>			
Lack vision in either eye				Stomach, liver, or intestinal trouble				Epilepsy or seizure			
Wear a hearing aid				Gall bladder trouble or gallstones				Car, train, sea or air sickness			
Stutter or stammer				Jaundice or hepatitis				Frequent trouble sleeping			
Wear a brace or back support				Broken bones				Depression or excessive worry			
Scarlet fever				Adverse reaction to medication				Loss of memory or amnesia			
Rheumatic fever				Skin diseases				Nervous trouble of any sort			
Swollen or painful joints				Tumor, growth, cyst, cancer				Periods of unconsciousness			
Frequent or severe headaches				Hernia				Parent/sibling with diabetes, cancer, stroke or heart disease			
Dizziness or fainting spells				Hemorrhoids or rectal disease				X-ray or other radiation therapy			
Eye trouble				Frequent or painful urination				Chemotherapy			
Hearing loss				Bed wetting since age 12				Asbestos or toxic chemical exposure			
Recurrent ear infections				Kidney stone or blood in urine				Plate, pin or rod in any bone			
Chronic or frequent colds				Sugar or albumin in urine				Easy fatigability			
Severe tooth or gum trouble				Sexually transmitted disease				Been told to cut down or criticized for alcohol use			
Sinusitis				Recent gain or loss of weight				Used illegal substances			
Hay Fever or allergic rhinitis				Eating disorder (anorexia, bulimia, etc.)				Used tobacco			
Head injury				Arthritis, Rheumatism or Bursitis							
Asthma				Thyroid trouble or goiter							

11. FEMALES ONLY

CHECK EACH ITEM	YES	NO	DON'T KNOW	DATE OF LAST MENSTRUAL PERIOD	DATE OF LAST PAP SMEAR	DATE OF LAST MAMMOGRAM
Treated for a female disorder						
Change in menstrual pattern						

CHECK EACH ITEM. IF "YES" EXPLAIN IN BLANK SPACE TO RIGHT. LIST EXPLANATION BY ITEM NUMBER.

ITEM	YES	NO
12. Have you been refused employment or been unable to hold a job or stay in school because of:		
a. Sensitivity to chemicals, dust, sunlight, etc.		
b. Inability to perform certain motions.		
c. Inability to assume certain positions.		
d. Other medical reasons (If yes, give reasons.)		
13. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)		
14. Have you ever been denied life insurance? (If yes, state reason and give details.)		
15. Have you had, or have you been advised to have, any operation? (If yes, describe and give age at which occurred.)		
16. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)		
17. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)		
18. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)		
19. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)		
20. Have you ever received, is there pending, or have you ever applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)		
21. Have you ever been arrested or convicted of a crime, other than minor traffic violations? (If yes, provide details.)		
22. Have you ever been diagnosed with a learning disability? (If yes, give type, where, and how diagnosed.)		

23. LIST ALL IMMUNIZATIONS RECEIVED

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 doctors, 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. I understand that falsification of information on Government forms is punishable by fine and/or imprisonment.

24a. TYPED OR PRINTED NAME OF EXAMINEE	24b. SIGNATURE	24c. DATE
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NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 7 through 11. Physician may develop by interview any additional medical history deemed important, and record any significant findings here.)

26a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	26b. SIGNATURE	26c. DATE
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DRUG AND ALCOHOL ABUSE STATEMENT OF UNDERSTANDING

Privacy Act Statement

The Navy is responsible for preventing drug and alcohol abuse by its members and for disciplining those who promote or engage in drug and alcohol abuse. Navy personnel are subject to drug and alcohol testing methods, including urinalysis, to enforce this policy. Authority to obtain your social security number, which will be used for identification and filing, is provided by 5 U.S.C. 301 and Executive Order No. 9397 (NOTAL). Disclosure of your social security number is voluntary. Failure to disclose this information, however, will result in denial of your application.

I, _____ understand that: <div style="text-align: center; font-style: italic;">(Full name - first, middle, last)</div>	INITIALS
1. Service in the United States Navy or Naval Reserve places me in a position of special trust and responsibility.	
2. Drug abuse by members of the United States Navy is against the law; and drug and alcohol abuse, in general, violates Navy standards of behavior and duty performance and will not be tolerated.	
3. The illegal or improper use of alcohol, marijuana and other controlled substances endangers my health and the safety of other Navy men and woman.	
4. If I illegally or improperly use or possess alcohol or drugs, including marijuana, appropriate disciplinary and/or administrative action may be taken against me. In the case of drugs, this action may include trial by court-martial or administrative separation from the Navy. Administrative separation for drug abuse or separation in lieu of trial by court-martial could result in an Other Than Honorable discharge. Conviction by a court-martial of drug related offense may lead to punitive separation. This can result in a denial of education benefits, home loan assistance, and other benefits administered by the Department of Veteran of Affairs (DoVA). Additionally, a person receiving such a separation or discharge can expect to encounter substantial prejudice in civilian life in situations where the character of separation or discharge received from the Armed Forces may have a bearing.	
5. a. (Officers Pre-Commissioning Programs) I understand the U.S. Navy's "Zero Tolerance" policy toward drug and alcohol abuse and that I will be screened by urinalysis testing for the presence of marijuana or other illegal drugs within 30 days of reporting for training. I further understand that a single detection of drug abuse after entry will result in disenrollment from an officer program and processing for separation from the Navy.	
b. (Enlisted) I understand the U.S. Navy's "Zero Tolerance" policy toward drug or alcohol abuse by its members and that the Navy will take disciplinary action against those who promote or engage in drug abuse. Pertaining to my enlistment into the Navy, I further understand that:	
-- The Navy drug urinalysis test can detect the use of illegal drugs,	
-- The Navy drug urinalysis test is given to all personnel within 72 hours of arrival at the Recruit Training Command and at other follow-on times necessary.	

DRUG AND ALCOHOL ABUSE STATEMENT OF UNDERSTANDING

b. (Enlisted (cont'd))

-- I also understand that :

(a) If I am a NAVET/OSVET and am found to have positive test indications of marijuana or other illegal drug use, I shall be normally processed for separation from the Navy.

(b) An entrance urinalysis test showing positive indication of any illegal drug use, including marijuana, shall normally be cause for my being processed for separation from the Navy.

-- Detection of drug abuse may disqualify me from certain occupations or programs for which I enlisted and I may either be reassigned to another program or processed for separation from the Navy at the option of the Navy.

-- My recruiter has advised me that if I am found to have positive test indications of marijuana or other illegal drug use, I shall normally be processed for separation per enclosure (7) to OPNAVINST 5350.4 (series).

CERTIFICATION

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

Typed/Printed Name (last, first, middle)

Grade/Rank (if applicable)

SSN

Signature

Date

CERTIFYING OFFICIAL 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

Remarks: