Prerequisites for College Program Application

1. Motivated to serve as a commissioned officer in the U.S. Navy or Marine Corp
2. Be a U.S. or naturalized citizen or have submitted naturalization papers
3. Be enrolled full time at University of Idaho or Washington State University
4. Be a high school graduate or possess an equivalent certificate
5. Have no apparent physically disqualifying factors on a review of the Report of Medical History (DD Form 2807-1)
6. Have the ability to meet the height and weight requirements of the U.S. Navy and Marine Corp
7. Have no felony convictions or convictions by court martial
8. Not awaiting criminal trial or sentencing
9. Meet Department of Navy requirements concerning drug or alcohol use in accordance with OPNAVINST 5350/1
10. Have no body piercings or tattoos that violate U.S. Navy or Marine Corp policy
11. Have at least three years of college course work remaining until they receive a college degree

Applicant Checklist:

- High School or College Transcript (Official or Unofficial)
- College Program Application NSTC Form 1533 (2 pages)
- Medical History DD Form 2807-1 (3 pages)
- Personal Data Questionnaire
- Copy of Letter of Acceptance to University of Idaho or Washington State University
- Optional – Letters of Recommendation

Send completed applications to:
College Program Advisor
University of Idaho NROTC
1212 Blake Ave. / P.O. Box 443236
Moscow, ID 83844

PERSONAL DATA QUESTIONNAIRE

Name (Last, First, MI)_____

Date of Birth:_____
(Example 01JAN2010)

Mailing Address: _____
_____

Phone Number: ( )_____ **Email:**_____

Place of Birth (City, State): _____

Service Option (Circle One): **NAVY** **MARINE CORP**

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

Background Information:

What is your intended college major and minor: _____

What University will you be attending?

___ **University of Idaho** ___ **Washington State University**

Physical Fitness Standards:
Incoming students should strive to meet and exceed the following physical fitness standards:

NAVY	Age 17 – 19 years		Age 20 – 24 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

MARINE CORP	Male	Female
Sit Ups (2 min)	75	75
Pull Ups / Flexed Arm Hang	15	60 sec
3 Mile Run	22:10	25:10

NROTC COLLEGE PROGRAM APPLICATION

PRINT or TYPE. Fill in all blanks. Print "None" or put "X" in nonapplicable blanks. Continue on separate sheet if necessary; please identify items being continued.

PRIVACY ACT STATEMENT: Under the authority of 5 USC, 301, the information regarding your former military experience and training, educational background, and present personal data is requested in order to validate your basic qualifications and your suitability for selection in comparison with other applicants for the Navy-Marine Corps ROTC College Program. Your social security number will be used for purposes of individual identification. The information will be retained by NSTC and the NROTC Unit and will not be divulged without your written authorization to anyone other than Navy and Marine Corps personnel involved with the administration of the program. You are not required to provide this information; however, failure to do so will result in an inability to fairly evaluate your application and may result in an inability to process the application.

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

12. MILITARY EXPERIENCE AND TRAINING (Past and present, if any)

	SERVICE	DATES OF DUTY	HIGHEST RANK HELD	EAOS	TYPE DISCHARGE
EXPERIENCE					

TRAINING	JROTC	POSITION(S) HELD	AWARDS	CIRCLE GRADE	9 10 11 12
	Civil Air patrol	POSITION(S) HELD	AWARDS ☐ MITCHELL ☐ EARHART		9 10 11 12
	Other *(NDCC, etc.)*				9 10 11 12

13. EXTRACURRICULAR ACTIVITIES

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

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

14. ATHLETIC ACTIVITIES

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

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

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

15. DUTY OR EMPLOYMENT ORGANIZATION

List in chronological order beginning with the present, each period of employment, self-employment, part-time employment, and/or unemployment. List inclusive dates for each period. If discharged for cause from any employment, so state.

A. DATES		B. NAME OF EMPLOYER	C. ADDRESS	D. TYPE WORK PERFORMED
FROM	TO			
	Present			

16. EDUCATION

List in chronological order, beginning with last school attended. Include any/all college work. *Attach transcripts.*

A. DATES		B. NAME OF SCHOOL	C. ADDRESS	D. MAJOR	E. DEGREE
FROM	TO				

17. COLLEGE BOARD SCORES				18. HIGH SCHOOL RECORDS	19. ANTICIPATED DATE OF NROTC ENROLLMENT/ACADEMIC MAJOR
PSAT	VERBAL		MATH	CLASS RANK	
SAT	VERBAL		MATH	CLASS SIZE	
ACT	ENGLISH		MATH	GPA _____ on a scale of _____	

	YES	NO
20. Have you ever made application for or signed any agreement concerning any program leading to a commission in any of the Armed Forces of the United States? *(If answer is YES, list the date, place of application, program applied for and current status of application.)*		
21. Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States? *(If an answer is YES, list the date, place, service and current status of enlistment.)*		
22. Have you ever been arrested, detained, indicted, summoned into court, or convicted for any violation of civil or military law (includes juvenile offenses and moving traffic violations)? *If answer is YES, give complete description of incident, name and place of court, nature of offense, date and disposition of case.)*		
23. Are you currently awaiting trial or sentence, on probation, under suspended sentence or under any other type of military or civilian restraint as a result of violation of law or regulation?		
24. Have you ever been known by any other name or names other than that used in this application? *(If answer is YES, even if such differences were only differences in spelling, explain in affidavit form and submit with application.)*		
25. Do you have any moral obligations or personal convictions that will prevent you from conscientiously bearing arms and supporting and defending the Constitution of the United States against all enemies, foreign and domestic?		
26. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or dentist? *(If answer is YES, set forth on an attached sheet full circumstances, including approximate times, amounts taken, period over which taken and intent for further use.)*		
27. Have you ever been arrested or convicted of trafficking illegal drugs?		
28. Have you ever used LSD, marijuana, sniffed glue or used any other hallucinogens, hypnotics, stimulants, or other known harmful or habit-forming drugs and/or chemicals? *(If answer is YES, set forth on an attached statement the full circumstances, including approximate times, amounts taken, period over which taken, and intent for further use.)*		

I certify that all information given by me is complete and correct to the best of my knowledge.

29. SIGNATURE	30. DATE

If you have answered YES to any of the above questions, respond as indicated on a separate, attached sheet of paper.

I understand that this applicant questionnaire does not obligate me in any way, and that I may withdraw my application at any time.

NROTC COLLEGE PROGRAM OATH

"I do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic: That I will bear true faith and allegiance to the same: And that I take this obligation freely, without any mental reservation or purpose of evasion."

STUDENT'S SIGNATURE IN FULL

REPORT OF MEDICAL HISTORY

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

OMB No. 0704-0413
OMB approval expires Mar 31, 2010

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSAN).
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confine- ment or a $10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	**2. SOCIAL SECURITY NUMBER**	**3. TODAY'S DATE** *(YYYYMMDD)*
4.a. HOME ADDRESS *(Street, Apartment No., City, State, and ZIP Code)*	**5. EXAMINING LOCATION AND ADDRESS** *(Include ZIP Code)*	
b. HOME TELEPHONE *(Include Area Code)*		

X ALL APPLICABLE BOXES:

6.a. SERVICE	**b. COMPONENT**	**c. PURPOSE OF EXAMINATION**	
☐ Army ☐ Coast Guard	☐ Active Duty	☐ Enlistment	☐ Medical Board ☐ Other *(Specify)*
☐ Navy	☐ Reserve	☐ Commission	☐ Retirement
☐ Marine Corps	☐ National Guard	☐ Retention	☐ U.S. Service Academy
☐ Air Force		☐ Separation	☐ ROTC Scholarship Program

7.a. POSITION *(Title, Grade, Component)*

b. USUAL OCCUPATION

8. CURRENT MEDICATIONS *(Prescription and Over-the-counter)*	**9. ALLERGIES** *(Including insect bites/stings, foods, medicine or other substance)*

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	**YES**	**NO**
10.a. Tuberculosis	○	○
b. Lived with someone who had tuberculosis	○	○
c. Coughed up blood	○	○
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.	○	○
e. Shortness of breath	○	○
f. Bronchitis	○	○
g. Wheezing or problems with wheezing	○	○
h. Been prescribed or used an inhaler	○	○
i. A chronic cough or cough at night	○	○
j. Sinusitis	○	○
k. Hay fever	○	○
l. Chronic or frequent colds	○	○
11.a. Severe tooth or gum trouble	○	○
b. Thyroid trouble or goiter	○	○
c. Eye disorder or trouble	○	○
d. Ear, nose, or throat trouble	○	○
e. Loss of vision in either eye	○	○
f. Worn contact lenses or glasses	○	○
g. A hearing loss or wear a hearing aid	○	○
h. Surgery to correct vision *(RK, PRK, LASIK, etc.)*	○	○
12.a. Painful shoulder, elbow or wrist *(e.g. pain, dislocation, etc.)*	○	○
b. Arthritis, rheumatism, or bursitis	○	○
c. Recurrent back pain or any back problem	○	○
d. Numbness or tingling	○	○
e. Loss of finger or toe	○	○

12. *(Continued)*	**YES**	**NO**
f. Foot trouble *(e.g., pain, corns, bunions, etc.)*	○	○
g. Impaired use of arms, legs, hands, or feet	○	○
h. Swollen or painful joint(s)	○	○
i. Knee trouble *(e.g., locking, giving out, pain or ligament injury, etc.)*	○	○
j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	○	○
k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.	○	○
l. Bone, joint, or other deformity	○	○
m. Plate(s), screw(s), rod(s) or pin(s) in any bone	○	○
n. Broken bone(s) *(cracked or fractured)*	○	○
13.a. Frequent indigestion or heartburn	○	○
b. Stomach, liver, intestinal trouble, or ulcer	○	○
c. Gall bladder trouble or gallstones	○	○
d. Jaundice or hepatitis *(liver disease)*	○	○
e. Rupture/hernia	○	○
f. Rectal disease, hemorrhoids or blood from the rectum	○	○
g. Skin diseases *(e.g. acne, eczema, psoriasis, etc.)*	○	○
h. Frequent or painful urination	○	○
i. High or low blood sugar	○	○
j. Kidney stone or blood in urine	○	○
k. Sugar or protein in urine	○	○
l. Sexually transmitted disease *(syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)*	○	○
14.a. Adverse reaction to serum, food, insect stings or medicine	○	○
b. Recent unexplained gain or loss of weight	○	○
c. Currently in good health *(If no, explain in Item 29 on Page 2.)*	○	○
d. Tumor, growth, cyst, or cancer	○	○

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER

Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO
15. a. Dizziness or fainting spells	○	○
b. Frequent or severe headache	○	○
c. A head injury, memory loss or amnesia	○	○
d. Paralysis	○	○
e. Seizures, convulsions, epilepsy or fits	○	○
f. Car, train, sea, or air sickness	○	○
g. A period of unconsciousness or concussion	○	○
h. Meningitis, encephalitis, or other neurological problems	○	○
16. a. Rheumatic fever	○	○
b. Prolonged bleeding *(as after an injury or tooth extraction, etc.)*	○	○
c. Pain or pressure in the chest	○	○
d. Palpitation, pounding heart or abnormal heartbeat	○	○
e. Heart trouble or murmur	○	○
f. High or low blood pressure	○	○
17. a. Nervous trouble of any sort *(anxiety or panic attacks)*	○	○
b. Habitual stammering or stuttering	○	○
c. Loss of memory or amnesia, or neurological symptoms	○	○
d. Frequent trouble sleeping	○	○
e. Received counseling of any type	○	○
f. Depression or excessive worry	○	○
g. Been evaluated or treated for a mental condition	○	○
h. Attempted suicide	○	○
i. Used illegal drugs or abused prescription drugs	○	○
18. FEMALES ONLY. Have you ever had or do you now have:		
a. Treatment for a gynecological (female) disorder	○	○
b. A change of menstrual pattern	○	○
c. Any abnormal PAP smears	○	○
d. First day of last menstrual period *(YYYYMMDD)*		
e. Date of last PAP smear *(YYYYMMDD)*		

	YES	NO
19. 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 stand, sit, kneel, lie down, etc.	○	○
d. Other medical reasons *(If yes, give reasons.)*	○	○
20. Have you ever been treated in an Emergency Room? *(If yes, for what?)*	○	○
21. 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.)*	○	○
22. Have you ever had, or have you been advised to have any operations or surgery? *(If yes, describe and give age at which occurred.)*	○	○
23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	○	○
24. 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.)*	○	○
25. Have you ever been rejected for military service for any reason? *(If yes, give date and reason for rejection.)*	○	○
26. Have you ever been discharged from military service for any reason? *(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)*	○	○
27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? *(If yes, specify what kind, granted by whom, and what amount, when, why.)*	○	○
28. Have you ever been denied life insurance?	○	○

29. EXPLANATION OF "YES" ANSWER(S) *(Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)*

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

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER

30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA *(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)*

a. COMMENTS

b. TYPED OR PRINTED NAME OF EXAMINER *(Last, First, Middle Initial)*	c. SIGNATURE	d. DATE SIGNED *(YYYYMMDD)*