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 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 OPNAVIST 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

Application Checklist:

- High school or college transcript (official or unofficial)
- College Program Application NSCT 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
- Physical Fitness/Readiness Test Form
- Optional - Letters of Recommendation

Send completed applications to:

College Program Advisor
University of Idaho NROTC
875 Perimeter Drive, MS 3236
Moscow, Idaho 83844-3236

Fed-Ex Address:
College Program Advisor
University of Idaho NROTC
1212 Blake Avenue 2nd floor
Moscow, ID 83844-3236
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 applicant 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, accessible at 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

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN (last 4)</th>
<th>Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Mailing Address</th>
<th>Name of Parent/Guardian</th>
<th>Address of Parent/Guardian</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Place of Birth</th>
<th>Date of Birth</th>
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</table>

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

Select Service  ☑ Navy  ☑ USMC

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Dates of Service</th>
<th>Highest Rank</th>
<th>EAOS</th>
<th>Type of Discharge</th>
<th>Grades of Participation</th>
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<tbody>
<tr>
<td>JROTC</td>
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<tr>
<td>Civil Air Patrol</td>
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<tr>
<td>Other (NDCC etc.)</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Position(s) Held</th>
<th>Hours/Week</th>
<th>Grades of Participation</th>
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</table>

Athletic Activities

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

<table>
<thead>
<tr>
<th>Sport</th>
<th>Position(s) Held</th>
<th>Awards/Recognition</th>
<th>JV/Club</th>
<th>Varsity</th>
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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.

NSTC 1533/133 (04-17) PREVIOUS EDITIONS ARE OBSOLETE
NAVAL RESERVE OFFICERS TRAINING CROPS
COLLEGE PROGRAM APPLICATION

EMPLOYMENT
List in reverse chronological order beginning with the most recent, each period of full-time, part-time, or self-employment. List inclusive dates for each period. If discharged for cause from any employment, so state. Include any leadership responsibilities.

<table>
<thead>
<tr>
<th>Dates</th>
<th>From</th>
<th>To</th>
<th>Employer Name and Address</th>
<th>Hours/Week</th>
<th>Type of Work Performed</th>
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</table>

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

<table>
<thead>
<tr>
<th>Dates</th>
<th>From</th>
<th>To</th>
<th>School Name and Address</th>
<th>Major</th>
<th>Degree</th>
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</table>

ACADEMICS
Answer the following questions. If you answer ‘Yes’, provide explanations on an additional sheet.

<table>
<thead>
<tr>
<th>PSAT</th>
<th>Verbal:</th>
<th>Math:</th>
<th>GPA:</th>
<th>Class Size:</th>
<th>GPA Scale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAT</td>
<td></td>
<td></td>
<td>Class Rank:</td>
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<tr>
<td>ACT</td>
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</table>

1. Have you ever applied for or signed any agreement concerning any program leading to a commission in any of the Armed Forces of the United States? (If ‘Yes’, list the date, place of application, program applied for and current status of application.)

2. Have you signed an Enlistment Contract (DD Form 4) with any of the Armed Forces of the United States? (If ‘Yes’, list the date, place, service, and current status of enlistment.)

3. Have you ever been arrested, detained, indicted, summoned into court, or convicted for any violation of civil or military law, including juvenile offenses and moving traffic violations? (If ‘Yes’, give complete description of incident, name and place of court, nature of offense, date, and disposition of the case.)

4. Are you currently awaiting trial or 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?

5. Have you ever been known by any other name or names other than that used in this application? (If ‘Yes’, explain in affidavit form and submit with application, even if differences were only differences in spelling.)

6. Do you have any moral obligations or personal convictions that will prevent you from conscientiously bearing arms and supporting and defending the Constitution of the United States against all enemies, foreign and domestic?

7. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than as prescribed by a physician or dentist? (If ‘Yes’, attach a statement with the full circumstances, number of times used, amounts taken, period over which taken, and intent for further use.)

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

9. Have you ever used LSD, marijuana, sniffed glue or used any other hallucinogens, hypnotic, stimulants, or other known habit-forming drugs and/or chemicals? (If ‘Yes’, attach a statement with the full circumstances, number of times used, amounts taken, period over which taken, and intent for further use.)

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

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

Signature Date

NROTC COLLEGE PROGRAM OATH
I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

Signature Date

NSTC 1533/133 (04-17) PREVIOUS EDITIONS ARE OBSOLETE
**REPORT OF MEDICAL HISTORY**

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

The public reporting burden for this collection of information is estimated to average 10 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 the burden estimate or burden reduction suggestions to the Department of<br>Defenses, Washington Headquarters Services, W1-116, 1600 Jefferson Dr., W/O: DoI-OPR-02, Attn: 0704-0413, OMB No. 0704-0413.

The information collected on this form is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD Physicians in making determinations as to the appropriateness of applicants for military service and verifies disqualifying medical condition(s) noted on the pre-screening form (DD 2807-2). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the fitness of a current member and separation is warranted.

**PRIVACY ACT STATEMENT**

The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD Physicians in making determinations as to the appropriateness of applicants for military service and verifies disqualifying medical condition(s) noted on the pre-screening form (DD 2807-2). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the fitness of a current member and separation is warranted.

**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. An applicant's SSN is used during the recruitment process to keep Track of all records and to update civilian medical records. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. The SSN of an Armed Forces member is protected under the Privacy Act.

**WARNING:** The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a $10,000 fine or both) to anyone making a false statement.

1. **LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)**

2. **SOCIAL SECURITY NO.**

3. **DATE OF BIRTH (YYYY/MM/DD)**

4. **HOME ADDRESS** (Stree, Apartment No., City, State and ZIP Code)

5. **EXAMINING LOCATION AND ADDRESS** (Include ZIP Code)

6. **SERVICE**

   - Army
   - Marine Corps
   - Air Force

7. **EXAMINING LOCATION AND ADDRESS** (Include ZIP Code)

8. **CURRENT MEDICATIONS** (Prescription and over-the-counter)

   - Prednisone
   - Metformin
   - Lisinopril
   - Atorvastatin

9. **ALLERGIES** (Including insect bites/stings, foods, medicine or other substance)

   - Peanut
   - Shellfish
   - Tree nuts

10. **HAVE YOU EVER HAD OR DO YOU NOW HAVE:**

    - Tuberculosis
    - Coughing up blood

11. **SEVERE TOOTH OR GUM TRouble**

    - Toothache
    - Gum disease

12. **PAINFUL SHOULDERS, ELBOWS OR WRISTS**

    - Arthritis
    - Repetitive Motion Injury

**PREVIOUS EDITION IS OBSOLETE.**
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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.a. Dizziness or fainting spells</td>
<td></td>
<td></td>
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<tr>
<td>15.b. Frequent or severe headache</td>
<td></td>
<td></td>
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<td>15.c. A head injury, memory loss or amnesia</td>
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<tr>
<td>15.d. Paralysis</td>
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<tr>
<td>15.e. Seizures, convulsions, epilepsy or fits</td>
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<td></td>
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<tr>
<td>15.f. Car, train, sea, or air sickness</td>
<td></td>
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<tr>
<td>15.g. A period of unconsciousness or concussion</td>
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<tr>
<td>15.h. Meningitis, encephalitis, or other neurological problems</td>
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<tr>
<td>16.a. Rheumatic fever</td>
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<tr>
<td>16.b. Prolonged bleeding (as after an injury or tooth extraction, etc.)</td>
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<tr>
<td>16.c. Pain or pressure in the chest</td>
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<tr>
<td>16.d. Prolonged swelling or edema</td>
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<tr>
<td>16.e. Heart trouble or murmur</td>
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<tr>
<td>16.f. High or low blood pressure</td>
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<tr>
<td>17.a. Nervous trouble of any sort (anxiety or panic attacks)</td>
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<tr>
<td>17.b. Habitual stammering or stuttering</td>
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<tr>
<td>17.c. Loss of memory or amnesia, or neurological symptoms</td>
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<tr>
<td>17.d. Frequent trouble sleeping</td>
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<tr>
<td>17.e. Received counseling of any type</td>
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<tr>
<td>17.f. Depression or excessive worry</td>
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<tr>
<td>17.g. Been evaluated or treated for a mental condition</td>
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<td></td>
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<tr>
<td>17.h. Attempted suicide</td>
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<tr>
<td>17.i. Used illegal drugs or abused prescription drugs</td>
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</tr>
<tr>
<td>18.a. Treatment for a gynecological (female) disorder</td>
<td></td>
<td></td>
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<tr>
<td>18.b. A change of menstrual pattern</td>
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<td></td>
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<tr>
<td>18.c. Any abnormal PAP smears</td>
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<tr>
<td>18.d. First day of last menstrual period (YYYYMMDD)</td>
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<tr>
<td>18.e. Date of last PAP smear (YYYYMMDD)</td>
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<tr>
<td>19. Have you been refused employment or been unable to hold a job or stay in school because of:</td>
<td></td>
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<tr>
<td>a. Sensitivity to chemicals, dust, sunlight, etc.</td>
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<tr>
<td>b. Ability to perform certain motions</td>
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<tr>
<td>c. Inability to stand, sit, kneel, lie down, etc.</td>
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<tr>
<td>d. Other medical reasons (If yes, give reasons.)</td>
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<tr>
<td>20. Have you ever been treated in an Emergency Room? (If yes, for what?)</td>
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<tr>
<td>21. Have you ever been a patient in any type of hospital? (If yes, give complete address of hospital.)</td>
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<tr>
<td>22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, give complete address of doctor, hospital, clinic, and details.)</td>
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<tr>
<td>23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)</td>
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<tr>
<td>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.)</td>
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<tr>
<td>25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)</td>
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<tr>
<td>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 unsuitability.)</td>
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<tr>
<td>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.)</td>
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<tr>
<td>28. Have you ever been denied life insurance?</td>
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</table>

### NOTE:
Hand to the doctor or nurse, or if mailed mark envelope "To be opened by medical personnel only."

DD FORM 2807-1 OCT 2018
### 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.)

<table>
<thead>
<tr>
<th>a. COMMENTS</th>
</tr>
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</table>
PERSONAL DATA QUESTIONNAIRE

Name (Last, First, Middle): ________________________________

Date of Birth: __________ (Example 01JAN2010)

Mailing Address: _______________________________________

___________________________

Phone Number: ( ) _____________ Email: _________________________

Place of Birth (City State): _________________________________

Service Option (Circle One): NAVY or MARINE CORPS

Height (inches): _______ Weight (lbs): _______

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 must meet or exceed the following minimum physical fitness standards to remain in good standing in the NROTC Program:

For the Marines:

https://www.fitness.marines.mil/

Official PFT and CFT:

https://www.fitness.marines.mil/PFT-CFT_Standards17/

Regulations for Officer Development:

DRUG STATEMENT FOR NAVAL RESERVE OFFICER TRAINING CORPS APPLICATION

Complete all required sections on this form. Providing false information or failure to disclose any drug involvement(s) may result in your elimination from scholarship competition.

1. Have you ever taken any narcotic, sedative, or tranquilizer drugs other than those prescribed by a physician or dentist?
   - Yes  
   - No

2. Have you ever used LSD, Marijuana, sniffed glue or other hallucinogens, hypnotics, stimulants, or other known harmful or habit forming drugs and/or chemicals?
   - Yes  
   - No

If you answered "YES" to either question above, provide a detailed explanation below with the approximate times, amounts taken, and period over which taken, and complete #3.

a. Type of drug(s) used:

b. Approximate number of times used:

c. Amount taken:

d. Method by which taken:

e. Inclusive dates of use (be specific):

f. Were you convicted or arrested for the drug use admitted?

g. Circumstances under which the drug use occurred such as experimentation, peer pressure, etc.

3. (Initial):  

I fully recognize the negative influence of drug abuse and categorically reject the abuse of drugs both now and for the future.

SIGNATURE OF WITNESSING OFFICIAL

PRINTED NAME OF WITNESSING OFFICIAL

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT
NAVAL RESERVE OFFICERS TRAINING CORPS
DRUG AND ALCOHOL STATEMENT OF UNDERSTANDING

Privacy Act Statement

Authority: 5 USC §301 (Authorizing Forms and Regulations); 10 USC §§ 2103 (Eligibility for Membership), 2104 (Eligibility for Advanced Training) and 2107 (Senior ROTC Financial Assistance Program), 2122 (Eligibility for Health Professions Scholarship and Financial Assistance Program); Executive Order 9397 (Use of Social Security Numbers), OPNAVINST 5350.4D (Navy Alcohol and Drug Abuse Prevention and Control); and NSTC M-1533.2A at 5-27 and 5-28

Principal Purpose(s): To obtain information used to evaluate an individual's compliance with policy and fitness for service as a commissioned officer.

Routine Use(s): Those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act and the routine uses set forth in 32 C.F.R. 701.112.

Disclosure: Disclosure is voluntary. However, failure to provide the requested information may result in adverse administrative action and/or ineligibility for, or disenrollment from, the NROTC Program.

STATEMENT OF UNDERSTANDING

I understand the following:

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

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

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

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

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

CERTIFICATION

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

Typed/Printed Name (last, first middle)

Signature

Date:

CERTIFYING 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:

NSTC 1533/153 (11-19)
NROTC University of Idaho and Washington State University

Applicant Physical Fitness Assessment Score Sheet

APPLICANTS NAME (Last, First, Middle): __________________ 

APPLICANTS HEIGHT (inches): ___ 
APPLICANTS WEIGHT (lbs): ___ 

READ STATEMENT TO APPLICANT:

"You are about to take the Naval ROTC Applicant Fitness Assessment. The results of this test will be used in the NROTC scholarship application process by demonstrating your level of physical fitness. You may cease work when you have scored the maximum for any individual event. Otherwise, do your best on each event. You have 25 minutes to complete the entire test. After you complete each event, the scorer will record your score and the time the event was tested. If at any time you cannot continue to meet the timed requirements, the test will be terminated."

Start Time: _____  End Time: _____

Number of Crunches completed in 2 minutes: _______

Number of Push-ups completed in 2 minutes: _______

1 Mile Run Time: _______ minutes _______ seconds

Evaluator’s Signature: ____________________________

Evaluator’s Printed Name: _________________________

Evaluator’s Title/Position: _________________________

Date: __________________

*INCLUDE COMPLETED SCORE SHEET WITH YOUR COLLEGE PROGRAM APPLICATION PACKAGE