INSTRUCTIONS

COLLEGE PROGRAM

Please complete the below forms as thoroughly as possible, using first, middle (if applicable) and last names.

*Record of Emergency Data: Complete both front and back of form.

*NROTC Recall Roster: Complete all highlighted blocks.

*NROTC College Program Application: Complete both front and back of form.

*Application for Uniformed Services Identification Card:
Complete ONLY blocks 1, 2, 3, 8, 9, 10, 11, 12, 13, 14, 15, 16, and 17. Sign in Block 22.

*Student History: Answer all questions

*The Honor Code: Sign FULL NAME (first, middle, last). Do not fill in date.
(Leave the Witness Line Blank)

*Memorandum of Understanding: Sign FULL NAME (first, middle, last). Do not fill in date.

*Tattoo Screening Certificate: Answer all questions and sign the form

*NROTC Measurement Guidelines and Sizing Charts: Fill in all information.

*Privacy Act Statement- Health Records:
Sign FULL NAME (first, middle, last). Fill in the last 4 digits of your Social Security Number.
Do not fill in date.

*Report of Medical Examination and History:

YOU WILL NEED A SPORTS PHYSICAL! Report of Medical History must be filled out by your physician during your sports physical appointment.

Send a copy of your High School transcripts, childhood immunizations, and a notarized copy of your Birth Certificate. Notary service is available at the unit.

**If you have any questions, please contact Ms. Armstead at (614) 292-6015 x7 or armstead.24@osu.edu**

*Please complete and mail these forms to*

Susan Lush
102 Converse Hall
2121 Tuttle Park Place
Columbus, OH 43210