

# UNITED STATES NAVAL ACADEMY *Admissions*

## USNA Preliminary Application

Click [here](#) for Application Instructions

Please read Application Instructions thoroughly. Failure to comply with instructions can jeopardize your chances of gaining acceptance to the United States Naval Academy.

Please complete each section in the space provided.

### Personal Information

**Last Name:**  (Required)

**Suffix:**

**First Name:**  (Required)

**Middle Name:**

**Birth Date:**  (Required)  
(DD-MON-YYYY, e.g. 02-FEB-1988)

**Citizenship:**  (Required)

**Gender:**  (Required)

**Height:**  (Required)  
(Inches)

**Weight:**  (Required)  
(Pounds)

**Social Security Number:**  (Required)  
(No Dashes)

**Race: (Required)**  
(Check All that Apply)

- American Indian/Alaska Native:**
- Asian:**
- Black or African American:**
- Native Hawaiian or Other Pacific Islander:**
- White:**
- Declined to Respond:**

**Ethnicity:**  (Required)

**Current Mailing Address:**  (Required)

City:  (Required, All Except APO/FPO)

APO/FPO:  (Required, Military Post Offices Only)

State:  (Required, State & U.S. Territories Only)

Country:  (Required, International Only)

Zip Code:  (Required, All Except International)

Zip Code Extension:

Postal Code:  (International Only)

Email Address:  (Required)

Area Code & Phone Number:  (Required)

Congressional State:  (Required) Select From List

Congressional District:  (Required)

Contact [USNA Admissions](#) if Congressional State and District are not listed.

Do you wear glasses or contact lenses (uncorrected visual acuity worse than 20/20)?  (Required)

Would you like the information you have provided released to the Naval ROTC scholarship program?

Please indicate how you first learned about the United States Naval Academy:  (Required)

### Education

Education Level:  (Required)

Expected Year of High School Graduation:  (Required)  
(YYYY)

High School Name:  (Required)  
Select From List

Contact [USNA Admissions](#) if High School Name is not listed.

Enter the highest scores you have received on the following College Entrance tests.  
(Leave blank if you did not take one of the tests.)

SAT Math:                      SAT Critical Reading:

ACT Math:

ACT English:

PSAT Math:

PSAT Critical Reading:

Does your high school rank students? (Required)

Enter your class standing. Please provide your best estimate if your school does not rank students. (Do Not Enter Percentages.)

Class Rank: (Required)

Class Size: (Required)

Remarks or Additional Comments: (Limited to 2000 Characters)

Navy Sports

Have you been contacted by and spoken with a Naval Academy Athletic Association Coach about being recruited for a USNA Sport?: (Required)

If Yes, please indicate the name of USNA Coach:

Select From List

If you have not already been contacted by a Naval Academy Athletic Association Coach, would you like to be considered for USNA Sport Recruitment?: (Required)

If Yes, please indicate which Sport:

Select From List

Contact USNA Admissions if USNA Coach or Sport is not listed.

Military Service

If you are on Active Duty in the U.S. Armed Forces, please indicate which Branch and Rank/Rate.

Branch of Service:

Rank/Rate:

By SUBMITTING this electronic application, I am accepting the following:

1. I certify that the information submitted on this application is complete and correct to the best of my knowledge. Failure to completely and honestly provide any information requested by the USNA may be grounds for withdrawal of any offer of appointment or may subsequently result in dismissal from the USNA.
2. If there is a change in information I have provided or has been submitted on my behalf to the USNA, I will immediately inform the Admissions Office.
3. I have NO convictions or beliefs which would prohibit my serving in an unrestricted military status.
4. I am not married, and have never been married.
5. For female applicants: I am not pregnant and have not given birth to any children. If I should become pregnant, I will notify the Dean of Admissions, USNA, in writing, as to my medical status.
6. For male applicants: I have never fathered any children. If I should father a child, I will notify the Dean of Admissions, USNA, in writing.
7. I have no legal obligation to provide financial support for any person. If I should incur this obligation, I will notify the Dean of Admissions, USNA, in writing.

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~~PRIVACY ACT STATEMENT Authority: Title 5 USC Ch 301; Title 10 USC Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO 9397. AUTHORIZE USE of data requested for PURPOSES of evaluation by the Service Academies. SSN AND CANDIDATE NUMBER are required for identification. DISCLOSURE IS VOLUNTARY; however, failure to provide information could preclude appointment. RELEASE AUTHORIZATION: Submission of this application constitutes requisite written authorization by the party above whom the record is maintained for release to the following individuals/entities: appropriate Members of Congress (sources of nomination), other officer accession programs and to parent or guardian of record. Release to any other individual/entity is only as permissible by law.~~

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Select 'Submit' to submit completed application to the United States Naval Academy.  
Select 'Print' to print a copy for your records.  
Select 'Exit' to exit without saving.