



# Recommendation For ROTC Nomination to USMA

Form Approved -  
OMB No. 0702-0061  
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Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reducing the burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operation and Reports (0702-0062), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form to the Admissions Office, USMA, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 10996-1905. PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC, Ch 301; Title 10 USC, Ch 403 Sec 4346, Ch 505 Sec 5031, Ch 603 Sec 5058, Title 44 USC 3101; EO 9397. PRINCIPLE PURPOSE: Collection of data on Academy candidate in order to make sure file has been completed. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. ROUTINE USE: To aid in the inprocessing of cadets.

## Instructions

Please type or print all entries. Return the first three copies of the recommendation to: Superintendent, USMA, ATTN: MAAR-AO, West Point, New York 10996. Keep the pink copy for your records.

### 1. Candidate Information

Full Name (Last, First, Middle) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth (Month, Day, Year) \_\_\_\_\_

Sex  Male  Female

Mailing address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
City, State, ZIP Code \_\_\_\_\_

### 2. School Information

Name of School/Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
City, State, ZIP Code \_\_\_\_\_

School ETS Code (HS Only) \_\_\_\_\_

3. Please check only one of the three blocks to certify your recommendation for a nomination. No candidate will be considered for a nomination in more than one ROTC category.

- ROTCJR - The candidate is currently enrolled in an Army JROTC program at the institution listed. I recommend him/her for a nomination for an appointment to the United States Military Academy under the ROTCJR category.
- ROTCSR - The candidate is currently enrolled in an Army ROTC program at the college/university listed. I recommend him/her for a nomination for appointment to the United States Military Academy under the ROTCSR category.
- ROTCHM - The candidate has been named an Honor Graduate of the institution listed, and that institution has been named an Honor School with Distinction by DA or other service orders covering the current academic year. I recommend him/her for a nomination for appointment to the United States Military Academy under the ROTCHM category. (No more than three recommendations will be submitted under this category for the current year.)

Signature \_\_\_\_\_

Date \_\_\_\_\_

PMS/SAI Type Name, Grade and Position \_\_\_\_\_

Telephone Number of PMS/SAI (Include Area Code and Extension, if applicable) \_\_\_\_\_