WVU Army ROTC Enrollment Instructions (New Student)

Complete and return the following documents:

USACC Form 139-R – Pages 1 & 2 ONLY. DOB = Date of Birth; POB = Place of Birth (City, State, Country); Residency = In-state (I) or Out-of-State (O)

CC Form 137-R -Authorization/Declination for Access to Student Records – Complete the upper half; Only complete the lower block if you don’t want us to answer inquiries from your parents.

CC Form 136-R – Briefing on Government Sponsored Benefits for ROTC Cadets – Read, sign and date

Memorandum of Understanding – Write your name in the blank, read the requirements, don’t initial any of the blanks, sign & date Page 2

Scholar, Athlete & Leader (SAL) Worksheet – Check any of the blanks that apply to you either in High School or College

DD Form 2058 State of Legal Residence – Complete the top block with your home address (not school address). Sign and complete your local/school address as your current mailing address.

DD Form 2005 Privacy Act Statement – Read it. Sign, provide your SSN and date the bottom block.


DA Form 3425-R Medical Fitness Statement for Enrollment in Basic Senior ROTC – This is a general approval to do physical education-like activities. You need to get this signed and/or stamped by your family doctor or take it to the campus Student Health Center to get it signed. This is REQUIRED to fully participate in Army ROTC training.

Bring in the following documents (originals):

1) Birth Certificate
2) Social Security Card
3) Driver’s License
4) If a naturalized citizen, we’ll need your naturalization papers and your parent’s naturalization papers if you were a minor and received your citizenship through derivative naturalization of your parent.
<table>
<thead>
<tr>
<th>Part IV - Student Statement</th>
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<tbody>
<tr>
<td>SSN</td>
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</table>

**Cadet Application and Enrollment Record**
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<thead>
<tr>
<th>Field</th>
<th>Text</th>
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<tbody>
<tr>
<td>USAC Form 1394/29 Jul 14</td>
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<tr>
<td>Part II - NonScholarship Contracting Eligibility Certificate (Continued)</td>
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<tr>
<td>Cadet Application Enrollment Record</td>
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<td>SSN</td>
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<tr>
<td>Last Name</td>
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**NOTE:** Candidates must meet the following criteria to contract:

- **Minimum Age:** 17 years of age
- **Physical Fitness:** Score of 10 on a 22-item PT test
- **Academic Status:** Student must be a collegiate junior, senior, or graduate student
- **Medical:** Student must be physically fit to serve on Active Duty
- **Academic Credit:** Minimum of 24 semester hours or 36 quarter hours
- **Academic Performance:** Cumulative GPA of 2.5 or higher

Candidates must also meet the following criteria:

- **Academic Performance:** Cumulative GPA of 3.0 or higher
- **Academic Credit:** Minimum of 32 semester hours or 48 quarter hours

Candidates who do not meet these criteria may be considered on a case-by-case basis.
AUTHORIZATION/DECLINATION FOR ACCESS TO STUDENT RECORDS
For use of this form, see CC Pam 145-4, the proponent agency is ATCC-PC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority
20 USC 1232g, and Public Law 93-380

Principal Purpose
To authorize/decline the release of any and all official records maintained by the ROTC
Department to personnel in the Department of Defense and/or parents.

Routine Uses
To provide authorization/declination to release information contained in official records.

Disclosure
Disclosure is voluntary.

PART I - AUTHORIZATION FOR ACCESS TO STUDENT RECORDS

Having been advised of the provisions of Public Law 93-380 (20 USC 1232g, Family Educational Rights and
Privacy Act of 1974) and in connection with my participation in the Army ROTC program, I

(Cadet's Name)

hereby authorize the release of any and

all official records maintained by the

WEST VIRGINIA UNIVERSITY

(Name of School)

or its ROTC Department to personnel in the Department of Defense and/or my parents,

(Name of Parents)

I waive any requirement that I be furnished a copy of those records prior to or concurrent with their
release. This consent remains effective until my relationship with the ROTC program is terminated.

Signature of Cadet ___________________________ Date __________

PART II - DECLINATION OF PARENTAL ACCESS TO STUDENT RECORDS

Although informing my parents of the academic/ROTC progress made by me may assist in my quest to
become a commissioned officer, I decline to allow release of official records maintained by

WEST VIRGINIA UNIVERSITY

(Name of School)

ROTC Department to my

parents. (Exception: Parents who still claim student as a dependent for IRS purposes) If I change my mind in the
future, I will inform the ROTC Department in writing.

Signature of Cadet ___________________________ Date __________
BRIEFING ON GOVERNMENT SPONSORED BENEFITS FOR ROTC CADETS

(ROTC CadetCmd PAM 145-4)

BRIEFING ON GOVERNMENT SPONSORED BENEFITS FOR ROTC
CADETS

Revision Date: 08/01/01

I have been briefed this date on government-sponsored benefits for ROTC cadets and understand that:

1. Enrolled ROTC cadets and applicants for enrollment who suffer illness/injury as a result of authorized (scheduled and supervised) training, or authorized travel to and from such training, are eligible for compensation through the Department of labor/Department of Veteran Affairs.

2. ROTC cadets may not receive medical coverage and disability benefits from the Department of Labor or the Department of Veteran Affairs for injuries sustained when traveling off-post for personal recreation/activities. It is the responsibility of the individual cadet to obtain adequate or additional insurance to cover themselves for off-post, non-ROTC related activities.

3. ROTC cadets must report any injury/illness sustained while participating in authorized training or authorized travel to and from such training to the battalion commander/PMS or other authorized cadre. Cadets are responsible for submission of claims to the proper department as listed in paragraph 1 above, with the assistance of battalion cadre.

4. Army medical treatment facilities (subject to the availability of space, facilities, and capabilities of the professional staff) are authorized to provide care for injury incurred or disease contracted while attending field training.

5. Injured students who are eligible to receive medical treatment are authorized medical care from the following sources:

   a. U.S. Public Health Service hospitals or physicians where available.

   b. Army, Navy, Air Force, or VA medical treatment facilities, subject to the availability of space, facilities, and the capabilities of the professional staff.

DATE

CADET SIGNATURE

Printed Name of Cadet
MEMORANDUM OF UNDERSTANDING
BETWEEN
THE PROFESSOR OF MILITARY SCIENCE
ARMY ROTC AT WEST VIRGINIA UNIVERSITY
AND
CONTRACTED CADETS

1. I, ______________________, understand that in order to fully complete Army
   ROTC, I must meet all requirements listed herein. I also understand that if I fail to meet
   these requirements I may be:

   a. Placed on Administrative Suspension for one or more semesters

   b. Placed on Leave of Absence pending disenrollment

   c. Ineligible to be commissioned in the United States Army and I may be required
      to repay any scholarship monies awarded, and be placed on active duty as an
      enlisted soldier.

2. In addition to all regularly scheduled Military Science Classes and satisfactory
   completion of Leaders Development Assessment Course (LDAC), I must complete the
   following academic requirements:

   a. One of the following History courses: ______________________

      West Virginia University:
      1. History 460  World War II in America
      2. History 465  The Vietnam War
      3. History 256  History-American Revolution
      4. History 453  Civil War and Reconstruction
      5. History 210  Modern Military History

      Fairmont State University:
      1. History 3317  Civil War and Reconstruction
      2. History 4499  ST: History of Warfare
      2. History 3310  Diplomatic & Mil Hist of US

      Waynesburg College:
      1. History 325  American Civil War & Reconstruction

   b. All scholarship Cadets are required to successfully complete
      one semester of college instruction in a major Indo-European or
      Asian language

   c. Pass the directed Swim Test
      (Swimming lessons may be required)
3. Additionally, I understand the importance of keeping my Military Science Instructor current on my academic progression. To this end, I am responsible for scheduling an appointment with my **Primary Military Science Instructor** no later than **MID-TERM of each semester**. I will review, revise, and update my Planned Academic Program Worksheet (CC Form 104-R).

4. Physical Readiness: I understand that I am personally responsible for maintaining my physical readiness as a contracted cadet. In accordance with my contract (DA Form 597 or DA Form 597-3) I must score a minimum of 60 points in each event of the Army Physical Fitness Test (APFT) each semester. Failure to do so will result in administrative suspension for the following semester and I will not receive any monies from my scholarship for that semester. Failure to score a minimum of 60 points in each event of the APFT thirty (30) days prior to commissioning will preclude me to be commissioned in the United States Army.

5. In addition to the previously mentioned items, I also understand that I must complete or comply with the following:

   a. Participate in a Battlefield Cadet/Staff Ride that is offered as part of your requirement for the ROTC Program.

   b. Participate in all scheduled Field Training Exercises (FTXs) unless properly excused.

   c. Enroll and attend PE 110, each semester

   d. Participate in all assigned Cadet Corps activities, such as weekly labs, parades, flag details, monthly APFTs, and fund raising events unless excused by a Cadre member.

   e. Properly wear the Army uniform as required by your Primary Military Science Instructor and as directed for special events.

   f. Abide by all other instructions and directives from the Cadre as well as the Cadet Chain of Command.

6. I have read and understand the above requirements. My signature acknowledges my understanding and intent to comply.

   

   Cadet Signature ___________________________ Date Signed ________________

   Cadre/Enrollment Officer Witness Signature ___________________________ Date Signed ________________
Scholar, Athlete & Leader (SAL) WORKSHEET

Name: ____________________________ Projected Graduation Date: ________

Scholarship: Yes or No  Month/Year Awarded ____________________________

Scholar

_____ Valedictorian/Salutatorian in High School
_____ Membership in National Honor Society in High School
_____ Honors or Advance Placement Program graduate in High School
_____ GPA over 3.0 In High School and SAT/ACT over 1100/21
_____ Top 10% of class In High School and either
   _____ GPA over 3.0 In High School or
   _____ SAT/ACT score above 1100/21
_____ College Campus Academic Honors Designee
_____ Cumulative College GPA over 3.0 and SAT/ACT over 1100/21
_____ Top third of college class and either
_____ Cumulative college GPA over 3.0 and SAT/ACT score above 1100/21
_____ In a “HARD SCIENCE” program such as engineering, biology, chemistry, medical
Field or nursing and a cumulative GPA over 2.5; Major? _______________________

Athlete

_____ Varsity Letter from High School team; Sport? _______________________
_____ Member of regional/city/competitive league; Sport? _______________________
_____ Either active involvement in organized competitive team sports or active involvement
in athletic competitions (triathlon, mountain biking, running, martial arts, etc)
   Explain Activity _______________________________________________________
_____ Current member of college competitive or intramural team; Team? _________
_____ Current member of regional/city/competitive league; Team? _________

Leader

_____ Elected member of student government, class, activity (H.S. or College); Position:
_____ Captain of athletic or academic team in High School or College; Sport? _________
_____ Eagle Scout / Gold Star
_____ Served in position of responsibility in school/club or private organization and leader in
   Volunteer service organization/activities
_____ Prior Service NCO (reserve or active duty); Rank & Position _______________________
_____ Owns/runs own business or in supervisory position; Business _______________________

Remarks: _______________________


# STATE OF LEGAL RESIDENCE CERTIFICATE

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Tax Reform Act of 1976, Public Law 94-455.

**PURPOSE:** Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

**ROUTINE USES:** Information herein will be furnished State authorities and to Members of Congress.

**MANDATORY OR VOLUNTARY DISCLOSURE:** Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

<table>
<thead>
<tr>
<th>NAME (Last, first, middle initial)</th>
<th>SOCIAL SECURITY NUMBER (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEGAL RESIDENCE/DOMICILE (City or county and State)</td>
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</table>

## INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile.

In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile.

Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>CURRENT MAILING ADDRESS (Include ZIP Code)</th>
<th>DATE</th>
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</thead>
</table>

DD Form 2058, FEB 77
PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

This form is not an authorization or consent to use or disclose your health information.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN):

10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. Chapter 32, Third Party Liability for Hospital and Medical Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDI 6055.05, Occupational and Environmental Health (OEH); and E.O. 9397 (SSN), as amended.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:

Information may be collected from you to provide and document your medical care; determine your eligibility for benefits and entitlements; adjudicate claims; determine whether a third party is responsible for the cost of Military Health System (MHS) provided healthcare and recover that cost; evaluate your fitness for duty and medical concerns which may have resulted from an occupational or environmental hazard; evaluate the MHS and its programs; and perform administrative tasks related to MHS operations and personnel readiness.

3. ROUTINE USES:

Information in your records may be disclosed to:
- Private physicians and Federal agencies, including the Department of Veterans Affairs, Health and Human Services, and Homeland Security (with regard to members of the Coast Guard), in connection with your medical care;
- Government agencies to determine your eligibility for benefits and entitlements;
- Government and nongovernment third parties to recover the cost of MHS provided care;
- Public health authorities to document and review occupational and environmental exposure data; and
- Government and nongovernment organizations to perform DoD-approved research.

Information in your records may be used for other lawful reasons which may include teaching, compiling statistical data, and evaluating the care rendered. Use and disclosure of your records outside of DoD may also occur in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: http://dpdld.defense.gov/privacy/SORNsIndex/BlanketRoutineUses.aspx.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:

Voluntary. If you choose not to provide the requested information, comprehensive health care services may not be possible, you may experience administrative delays, and you may be rejected for service or an assignment. However, care will not be denied.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by MHS health care treatment personnel or for medical/dental treatment purposes and is intended to become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

5. SIGNATURE OF PATIENT OR SPONSOR

6. SOCIAL SECURITY NUMBER OR DOD IDENTIFICATION NUMBER OF MEMBER OR SPONSOR

7. DATE (YYYYMMDD)

DD FORM 2005, JUN 2016

PREVIOUS EDITION IS OBSOLETE.
# RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoD Instruction 1304.33, Standardized Protection Policies Prohibiting Inappropriate Relations Between Recruiters and Recruits, and Trainers and Trainees.

**PRINCIPAL PURPOSE(S):** To document your understanding of the prohibitions identified in section 7 of this form.

**ROUTINE USE(S):** The DoD Blanket Routine Uses found at [http://dpclo.defense.gov/Privacy/SCORNS/Index/BlanketRoutineUses.aspx](http://dpclo.defense.gov/Privacy/SCORNS/Index/BlanketRoutineUses.aspx) apply to this collection.

**DISCLOSURE:** Voluntary. However, if you fail to provide the requested information or complete this form, you might not be able to complete your enlistment or receive training.

## INSTRUCTIONS

In accordance with DoDI 1304.33, this form will be read and signed no later than the first visit with a recruiter following a recruit’s entry into the Delayed Entry Program or read and signed no later than the first day of entry-level training for a trainee. As a minimum, the signed original will be retained in the recruit’s file until they enter active duty or in the trainee’s file until they detach from the training command or school they are attending. Please initial beside each entry acknowledging that you have read and understand the statement.

<table>
<thead>
<tr>
<th>1. RECRUIT/TRAINEE NAME (Last, First, Middle)</th>
<th>2. PAY GRADE</th>
<th>3. RECRUITING OFFICE/TRAINING COMMAND</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>CDT</td>
<td>WVU Army ROTC</td>
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<tr>
<th>4. RECRUITING OFFICE/TRAINING COMMAND ADDRESS (City, State, ZIP Code)</th>
<th>5. DATE SIGNED (YYYYMMDD)</th>
<th>6. SIGNATURE</th>
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<tr>
<td>PO Box 2020, Rm 20 Stansbury, Morgantown WV</td>
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## 7. I ACKNOWLEDGE AND UNDERSTAND THAT AS A RECRUIT OR TRAINEE, I WILL NOT:

**Initial**

- Develop, attempt to develop, or conduct a personal, intimate, or sexual relationship with a recruiter or trainer. This includes, but is not limited to, dating, handholding, kissing, embracing, caressing, and engaging in sexual activities. Prohibited personal, intimate, or sexual relationships include those relationships conducted in person or via cards, letters, e-mails, telephone calls, instant messaging, video, photographs, social networking, or any other means of communication.

- Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.

- Consume alcohol with a recruiter/trainer on a personal social basis.

- Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/trainer.

- Allow entry of any recruiter/trainer in my dwelling or privately-owned vehicle except to conduct official business. Exceptions are permitted for official business when the safety or welfare of the recruiter/trainer is at risk.

- Gamble with a recruiter/trainer.

- Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer.

- Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer.

## 8. EXCEPTIONS. Exceptions may be granted to accommodate relationships that existed prior to the start of the recruiting process or prior to the trainee starting the formal training process. These relationships include, but are not limited to, family members. Only the Recruiter’s or Trainee’s Commander, O-4 or higher, or higher level authority, has the authority to approve these exceptions. Approved exceptions will be documented below and signed by the Recruiter’s or Trainee’s Commander, O-4 or higher, or a higher-level authority.

**DESCRIPTION OF EXCEPTION(S):**

**Initial**

## 9. VIOLATIONS. Violations of any part of paragraph 7.a. through 7.h., not granted an exception in paragraph 8, may result in disciplinary action.

## 10. APPROVED BY

<table>
<thead>
<tr>
<th>a. NAME (Last, First, Middle Initial)</th>
<th>b. TITLE</th>
<th>c. DATE SIGNED (YYYYMMDD)</th>
<th>d. SIGNATURE/RANK</th>
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MEDICAL FITNESS STATEMENT
FOR ENROLLMENT IN BASIC COURSE, SENIOR ROTC
For use of this form, see AR 145-1; the proponent agency is ODSCPER

I have examined ____________________________ and find no medical condition or physical impairment that precludes his participation in the basic course, Army ROTC, a program not more physically strenuous than a normal college physical education program.

SIGNATURE OF PHYSICIAN

DA FORM 3425-R, 1 SEP 68