

NAVY NCP ACADEMIC YEAR STATEMENT

In order to establish an exact benefit start date, the student and the school registrar must complete the information below. All information should be filled in and the form sent to the Navy Medicine Accessions Department. If received without proper school endorsement, signatures, or incomplete fields, program benefits may be affected, and it will be sent back to the student for completion. Please email completed form, as well as any questions to: USN.OHSTUDENT@MAIL.MIL. PLEASE PRINT CLEARLY!

Student Information

Full Name of Student	Last Four of Social Security Number	E-mail Address

Nurse Candidate Program

School Name:

School Address:

(Street, City, State, and Zip Code)

As a participant in the Nurse Candidate Program, I hereby authorize my university to release all information concerning my academic performance and/or enrollment status to the Navy Medicine Accessions Department, Bureau of Medicine and Surgery, if requested.

STUDENT SIGNATURE: _____ DATE: _____

School Registrar Information

NOTE: Please be precise when entering the below dates. An error could result in loss of pay and/or benefits for this student. Please do not include periods of orientation.

Exact beginning date of student's current academic year:	_____
	(MM/DD/YYYY)
Exact graduation date for this student:	_____
	(MM/DD/YYYY)
Is this student entering their fourth year of BSN program?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Registrar Printed Name:	
Registrar Signature:	Date:
Phone:	Fax:
Email:	