BRIEFING ON GOVERNMENT SPONSORED BENEFITS FOR ROTC CADETS  
(ROTC Cadet Cmd PAM 145-4)

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.

30 MAY 2014

DATE

Signature

CADET SIGNATURE

Printed Name of Cadet

CC FM 136-R, Aug 01
PLANNED ACADEMIC PROGRAM WORKSHEET
For use of this form, see CC Pam 145-4, the proponent agency is ATCC-PA-C

DATA REQUIRED BY PRIVACY ACT STATEMENT OF 1974

1. AUTHORITY: Title 10, US Code 2101 and 2104
2. PRINCIPAL PURPOSE(S): To provide information and data necessary for administering the Army Senior ROTC program, processing, and managing of selected students for commissioning in the Army IAW established public law and Army Regulations
3. ROUTINE USE(S): To provide a projected academic plan to determine if the applicant meets the public law requirements of two remaining academic years.
4. VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary information is necessary to determine eligibility of the individual for acceptance, continuance, or discontinuance in the Army ROTC program.

1. NAME OF STUDENT (LAST, FIRST, M.I.)
   Suspension: T.J.
2. ACADEMIC MAJOR
   BA Criminal Justice
3. A.A. CIP CODE
4. Academic School
   CUNY John Jay College
   CUNY The City College of New York
5. CREDIT HOURS
   Select Semester or Quarter (SQ)
   Semester
   a. Total required for degree:
   b. (1) ROTC Hours that do not count:
   c. (2) Total Hours Req for NAPS:
   d. Normal Academic Progression Standard
   e. Credits toward degree Comp to date:
   f. Transfer Credits accepted:
   g. Remaining for Degree:
   h. Number of authorized SQ:

6. GRADE POINT AVERAGE (GPA)
   a. Term:
   c. GPA: GPA: GPA: GPA: GPA: GPA:
   d. GPA: GPA: GPA: GPA: GPA: GPA:
   e. GPA: GPA: GPA: GPA: GPA: GPA:
   f. GPA: GPA: GPA: GPA: GPA: GPA:

7. TERM, YEAR, COURSE TITLE, COURSE CREDIT HOURS, CREDITS THAT COUNT TOWARDS ACADEMIC DEGREE, AND ACHIEVED GRADES.

<table>
<thead>
<tr>
<th>Term</th>
<th>Spring</th>
<th>Year</th>
<th>Fall</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENG101</td>
<td>English Comp</td>
<td>3</td>
<td>EN201</td>
<td>Social Science Mathematics</td>
</tr>
<tr>
<td>MAT105</td>
<td>Math &amp; Quantitative Reason</td>
<td>3</td>
<td>INT106</td>
<td>Intro to Programs in C J</td>
</tr>
<tr>
<td>CBA110</td>
<td>Intro to Problems in C J</td>
<td>3</td>
<td>VWK107</td>
<td>Intro to Programs in C J II</td>
</tr>
<tr>
<td>AFR113</td>
<td>Justice Ind &amp; Strup in AA Exs</td>
<td>3</td>
<td>DOC101</td>
<td>Principles of Sociology</td>
</tr>
<tr>
<td>CBA120</td>
<td>Dimensions of Justice</td>
<td>3</td>
<td>MSC150</td>
<td>Introduction to Leadership I</td>
</tr>
<tr>
<td>MSC101</td>
<td>Introduction to Leadership I</td>
<td>3</td>
<td>Total Term Hours:</td>
<td>18</td>
</tr>
<tr>
<td>MSC102</td>
<td>Introduction to Leadership II</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Term Hours:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Term</th>
<th>Spring</th>
<th>Year</th>
<th>Fall</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. CBA202</td>
<td>Criminal Responsibility</td>
<td>3</td>
<td>CJA203</td>
<td>Crime Prevention &amp; Control</td>
</tr>
<tr>
<td>CBA210</td>
<td>Research Methods for CJ</td>
<td>3</td>
<td>CJA205</td>
<td>Right of the Accused</td>
</tr>
<tr>
<td>CBA215</td>
<td>Research Methods for CJ</td>
<td>3</td>
<td>POL101</td>
<td>Intro to Political Science</td>
</tr>
<tr>
<td>SCI114</td>
<td>Principles of Forensic Sci</td>
<td>3</td>
<td>300 Lvl Criminal Justice (CO)</td>
<td>3</td>
</tr>
<tr>
<td>MU104</td>
<td>Music in World Culture</td>
<td>3</td>
<td>MSC301</td>
<td>Adaptive Team Leadership I</td>
</tr>
<tr>
<td>MSC202</td>
<td>Foundations of Leadership II</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Term Hours:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. STUDENT INITIALS & DATE:
   TERM 1:
   TERM 2:
   TERM 3:
   TERM 4:
   TERM 5:
   TERM 6:
   TERM 7:
   TERM 8:
   TERM 9:

CC Form 104-R, AUG 13

Page 1 of 3
# PLANNED ACADEMIC PROGRAM WORKSHEET

For use of this form, see CC Pam 145-4, the proponent agency is ATCC-PA-C

7. **TERM, YEAR, COURSE NUMBER, COURSE TITLE, COURSE CREDIT HOURS, CREDITS THAT COUNT TOWARDS ACADEMIC DEGREE, AND ACHIEVED GRADES. (CONTINUED)**

<table>
<thead>
<tr>
<th>Term</th>
<th>Year</th>
<th>Course Title</th>
<th>Hrs</th>
<th>Cts</th>
<th>Grd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>2011</td>
<td>CJEA410 Criminal Justice Intern Exp I</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Communications)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>FREN101 French I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Elective or Minor</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MSCI401 Adaptive Leadership I</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Term Hours:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring</td>
<td>2011</td>
<td>CJEA411 Criminal Justice Intern Exp II</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Elective or Minor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>FREN102 French II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Elective or Minor</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MSCI402 Adaptive Leadership II</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Term Hours:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Term</th>
<th>Year</th>
<th>Course Title</th>
<th>Hrs</th>
<th>Cts</th>
<th>Grd</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total Term Hours:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. **REVIEW:** All of the above courses are required (as minimum) for the completion of the degree: **X Yes**  **F No** (**F** no, list exceptions on reverse side of this form).  
Completion should result in **BA Criminal Justice**

10. **SIGNATURE OF STUDENT:**

11. **DATE:** (MM/DD/YYYY)

12. **SIGNATURE OF REGISTRAR AND EXAMINER OF CREDENTIALS (OR OTHER INSTITUTION CERTIFYING OFFICIAL):**

13. **DATE:** (MM/DD/YYYY)

CC Form 104-R, AUG 13  
Page 2 of 3
STATEMENT OF UNDERSTANDING

We, the undersigned, hereby declare that the program outlined on the worksheet (on the reverse side of this statement) that

Cadet Snavely, Joc, J
(FULL NAME, Last, First, MI)

is about to undertake a formally structured program approved by

John Jay
(Name of University or College)

designed to meet the requirements of a BA Criminal Justice degree; that the degree to be attained is the culmination of an undergraduate college program of at least four years; and that the remaining credit hours shown on the worksheet are necessary either to fulfill discipline requirements or to fulfill credit hour requirements, or both, for the attainment of the degree. If the Cadet is an ROTC Scholarship participant, the scholarship will be in force for the number of semesters indicated in Block 5.

05/30/2014
(Date) (MM/DD/YYYY)

(CADET SIGNATURE)

05/30/2014
(Date) (MM/DD/YYYY)

(PROFESSOR OF MILITARY SCIENCE SIGNATURE)
MEDICAL FITNESS STATEMENT
FOR ENROLLMENT IN BASIC COURSE, SENIOR ROTC
For use of this form, see AR 145-1; the sponsor agency is ODSCPFR

DATE
30 MAY 2014

I have examined Joe M. Snuffy 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.

Dr. A. Doctor MD
Address
Phone #

SIGNATURE OF PHYSICIAN

DA FORM 3425-R, 1 SEP 68
PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

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

Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.

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

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

3. ROUTINE USES

The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

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

In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will 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.

<table>
<thead>
<tr>
<th>SIGNATURE OF PATIENT OR SPONSOR</th>
<th>SSN OF MEMBER OR SPONSOR</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>123-45-6789</td>
<td>50 MAY 2014</td>
</tr>
</tbody>
</table>
DENTAL EXAM REQUIREMENTS
City University of New York

IAW CC PAM 145-4, Para 2-23 & 2-55 dental films for casualty identification purposes are required for all participants in the ROTC program who must use government-owned or government contracted transportation. The PMS is to ensure the Cadet's dental records contain sufficient documentation to aid in forensic identification.

ROTC Cadets must provide the name, address, and phone number of their dentist and sign the statement below acknowledging their dental records contain either one, or a combination of the descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays.

Cadet Name: Snuffy, Joe  Student ID: 12345678
Name of Dentist: Dr. A. Dentist  Phone: (555) 321-1234
Dentist Address: 123 Dentist Street
New York, NY 10001

I acknowledge that the above named dentist has dental records on file on myself sufficient to aid in forensic identification which contain either one, or a combination of the following: descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays.

OR

My dental records are on file at the above location does not contain either one, or a combination of the following: descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays. I have scheduled an appointment for __________ (Date)  __________ (Time).

I authorize my dentist, dental office, or medical treatment facility that is in possession of my dental records or other records with my descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays to release this information pertaining to these documents and copies of these items to the US Army ROTC or other Department of Defense Representative.

Snuffy, Joe
Cadet's Name (Please Print)

\[Signature\]

Date  30 May 2014

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: All data is mandatory. Individuals who do not provide this data will not be allowed to be transported on any government-owned or government contracted transportation, no exception(s) to this rule are allowed.
STATEMENT REQUIRED BY PRIVACY ACT OF 1974, AS AMENDED


2. PRINCIPAL PURPOSE(S): A statement/agreement/contract releasing the U.S. Government its employees, agents and training partners from all liability for injury or death to persons, or damages to property, of any person who voluntarily elects to participate in any risky Army Training programs as defined herein.

3. ROUTINE USES: Normal Personnel Action. Disclosure of any information herein may be provided to any and all proper authorities for any lawful purpose, to include law-enforcement, litigation (legal actions as a result of injury or death, or property damage), and investigations of any incidents or accidents that might result from the participation of any individual in risky Army Training.

4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT OF FAILING TO PROVIDE THE REQUESTED INFORMATION: Disclosure is voluntary. However, failure to complete this form and execute this contract will disqualify and prevent individual participation in any risky Army Training activities.

ARMS SENIOR ROTC/JUNIOR ROTC
CONTRACT OF INDEMNIFICATION AND RELEASE/WAIVER OF LIABILITY
(Not To Be Used For/Senior ROTC Enrolled but not contracted Cadets or Senior ROTC Waiver Form)

I. (Last Name of Participant/Releaser) acknowledge and agree that I have voluntarily applied and am authorized to participate in ROTC/ROTC military-style training activities ("Army Training"), which may include any of the following risky events: rock climbing, rappelling, sports or athletic events (which may involve rigorous exercise), rope climbing (includes any event involving a rope that is not specifically described), and similar such activities:

II. I AM AWARE, ACKNOWLEDGE, AFFIRM AND AGREE THAT:

i. MY PARTICIPATION IN ANY RISKY ARMY TRAINING IS COMPLETELY AND STRICTLY VOLUNTARY;

ii. THE ARMY TRAINING ACTIVITIES IN WHICH I VOLUNTARILY CHOOSE TO PARTICIPATE AFTER SIGNING THIS WAIVER ARE RISKY AND INHERENTLY DANGEROUS;

iii. THE INHERENT HAZARDS OF SUCH ACTIVITIES COULD CAUSE BOTH MINOR AND SERIOUS INJURIES OR EVEN DEATH;

iv. I VOLUNTARILY CHOOSE TO PARTICIPATE IN RISKY ARMY TRAINING ACTIVITIES WITH FULL KNOWLEDGE (AND ACCEPTANCE OF) ALL THE INHERENT AND/OR OBVIOUS AND/OR UNKNOWN RISKS AND/OR DANGERS INVOLVED;

v. I ASSUME ANY AND ALL RISKS OF AND RESPONSIBILITY FOR ANY BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN, UNKNOWN, FORESEEABLE OR UNFORESEEABLE;

vi. I AM IN GOOD HEALTH AND THAT I HAVE NO MEDICAL OR PHYSICAL CONDITIONS THAT CAN, WILL OR MIGHT PREVENT MY SUCCESSFUL PARTICIPATION IN ANY TRAINING ACTIVITIES;

vii. I AM PRESENTLY COVERED BY ADEQUATE HEALTH AND/OR LIFE INSURANCE POLICIES THAT WILL INSURE AND COVER ANY INJURIES OR DEATH, AND RELATED COSTS/EXPENSES THAT I MIGHT SUFFER WHILE PARTICIPATING IN ANY ARMY TRAINING ACTIVITIES;

viii. WHEN IN DOUBT, CONFUSED OR UNCERTAIN ABOUT ANY ARMY TRAINING OR MY RESPONSIBILITIES AS A PARTICIPANT IN ANY ARMY TRAINING, I WILL ASK AS MANY QUESTIONS AS NECESSARY TO ENSURE THAT I UNDERSTAND THE ARMY TRAINING, WHAT IS EXPECTED OF ME AS A PARTICIPANT IN THAT ARMY TRAINING AND WHAT I AM DOING IN THAT ARMY TRAINING;

ix. IF I DO NOT ASK ANY QUESTIONS, THAT IT IS AND WILL BE PRESUMED THAT I AM AWARE OF WHAT IS EXPECTED FROM ME AS A PARTICIPANT AND THAT I AM READY, WILLING, ABLE AND QUALIFIED, MENTALLY, EMOTIONALLY, AND PHYSICALLY, TO PARTICIPATE IN THAT ARMY TRAINING;

x. I WILL COOPERATE WITH ANY AND ALL ARMY TRAINING BY FOLLOWING ALL INSTRUCTIONS/DIRECTIONS AND WILL REPORT ANY UNSAFE ACTS;

xi. FAILING TO COOPERATE BY IGNORING OR FAILING TO FOLLOW INSTRUCTIONS/DIRECTIONS AND/OR REPORT ANY UNSAFE ACTS COULD RESULT IN BOTH MINOR AND/OR SERIOUS INJURIES, AS WELL AS DEATH; AND

xii. IF I FAIL TO COOPERATE IN ANY ARMY TRAINING BY REFUSING TO OR NOT FOLLOWING ALL THE DIRECTIONS/INSTRUCTIONS OF THE RELEASING, OR FAIL TO REPORT UNSAFE ACTS, I MAY BE EJECTED FROM THE TRAINING SITE/FACILITY AND DENIED THE OPPORTUNITY TO PARTICIPATE IN FURTHER/FUTURE ARMY TRAINING.

III. Release Of All Claims And Rights:

a. In consideration of and for being permitted to participate in any risky Army Training by the U.S. Army and/or any agency or employee
ARMY SENIOR ROTC/JUNIOR ROTC

CONTRACT OF INDEMNIFICATION AND RELEASE/WAIVER OF LIABILITY

(Not to be Used for any ROTC Cadet not currently Enrolled Cadet or Junior ROTC Cadet)

of the U.S. Government ("U.S.G.", and/or any owner of any premises ("Lessor") on which any Army Training occurs, and/or the owner of any equipment or facilities ("Affiliated Individuals or Organizations") used as part of any Army Training: I, the Participant/Releaser, or the Parent/Guardian thereof, on both my behalf and that of the Participant/Releaser, do hereby forever release the U.S.G., the Lessor, and/or any Affiliated Organizations, and/or their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively the "Releasees") from any and all actions, suits, claims, or demands that I, or my child/ward or my/their assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to:

i. my participation in any Army Training activities; and/or

ii. the negligence and/or other acts by any Releasee, whether directly or indirectly connected to any Army Training activities, however caused; and/or

iii. the condition of the premises/location where any Army Training in which I participated occurred, and/or the condition of the equipment used, regardless of whether I am or was participating in the activities at the time the injury/death occurred, and/or at any other time, such as when the injury/death manifests itself at a later date/time/place.

b. I further affirm and agree that I, on my behalf (or that of my child/ward) and on behalf of my/their assignees, heirs, legatees, distributees, guardians, next of kin, spouse and/or legal representatives, do hereby forever waive any and all rights I or my child/ward might have to make a claim against, sue, or attach the property, personal or public, of any Releasee in connection with any of the matters covered by this release.

IV. Indemnification Clause: I agree that I will fully indemnify the U.S.G., the Lessor, and/or any Affiliated Organizations, and/or their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively the "Releasees") in the event of any loss whatsoever that they might or do incur, collectively or individually, as a result of any and all claims that might or will be brought against them by me, my child/ward and/or my/their assignees, heirs, legatees, distributees, guardians, next of kin, spouse and/or legal representatives.

V. Complete Document Clause: I agree that this is the complete and full sum and substance of my agreement/contract with U.S.G., the Lessor, and/or any Affiliated Organizations, and/or their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively the "Releasees") and that no other evidence of any type, nature, or form from outside this instrument can or will be used to resolve any disputes arising under this instrument. All such disputes will be resolved by an interpretation that effectsuate the parties' agreement, as written: I was allowed to participate in any Army Training in exchange for my releasing all rights and claims I might have for injuries arising out of or from my participation in any Army Training.

VI. Choice of Law and Forum Selection Clause: I agree that any and all claims and/or litigation arising from or out of my participation in any Army Training will be governed by the laws of the State of Kentucky, and will only be brought in the appropriate forum within the Western District of Kentucky, the location of the HQ, U.S. Army Cadet Command.

I AFFIRM AND AGREE THAT I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT ALLOWING MY OR MY CHILD/WARD'S PARTICIPATION IN RISKY ARMY TRAINING, AS WELL AS A CONTRACT OF INDEMNIFICATION BETWEEN MYSELF (AND ON BEHALF OF MY CHILD/WARD) AND THE COLLECTIVE RELEASEES AND I SIGN IT KNOWINGLY, VOLUNTARILY AND OF MY OWN FREE WILL (AND/OR ON BEHALF OF BOTH MYSELF AND MY MINOR CHILD/WARD), AND/OR I (OR MY MINOR CHILD/WARD) ASSUME ANY AND ALL RISKS OF AND LIABILITY FOR ANY INJURY OR DEATH ASSOCIATED WITH OR ARISING FROM MY/THIER PARTICIPATION IN ANY ARMY TRAINING ACTIVITIES AS A CONSEQUENCE OF SIGNING THIS FORM.

If Signed by Parent or Guardian: I verify, affirm and acknowledge that the risks and dangers of the Army Training and the significance of this Indemnification, Release and Waiver were explained to both myself and/or the Participant/Releaser, to my/her satisfaction, and that both I and the Participant/Releaser understand and consent to assuming those risks, and that the I and/or the Participant/Releaser is in generally good health and physically, mentally, and emotionally capable of successful cooperating in and completing any Army Training.

Executed at New York, NY on 30 May 2021.

PARTICIPANT/RELEASER AGREEMENT

Joe Snuffy

Printed Name

Age

Signature

Address: 123 4th St, New York, NY 12345

PARENT/GUARDIAN AGREEMENT

(Date of Participant/Releaser's 18th birthday)

Printed Name

Signature

Address:

If the Participant is under 18 years of age, Participant's Parent or Guardian must sign this form where indicated.

AUTHORIZED AGENT OF THE RELEASEES:

Printed Name:

Position/Duty Title:

Signature:

Date:

SPECIAL INSTRUCTIONS:

This is a legal document. The original, signed contract instrument must be printed on both sides of a single sheet to prevent lost or separated pages. Copies of the original may be made on two single-sided sheets.
Fast Track In-Processing Packet

Complete Cadet Personal Data Form and pages 1 & 2 of Form 139R

Take physical statement Form DA3425 to your personal doctor for validation that you are in good health to participate in the program (form must be stamped and signed by physician).

Return all documents to Mr. Harrington or Mr. Naqi or directly to the CUNY ROTC office in the Marshak Science Building room 016B.

For any questions in regards to enrolling contact CUNY ROTC office at www.ccny.cuny.edu/rotc ~ 212-650-6478
Instructions and Guidance for Completing CC Form 104-R

I. The CC Form 104-R will be completed for each student/Cadet who is contracting to ensure academic alignment and to monitor the academic progress of the Cadet. This form must be reviewed every term (semester/quarter). Emphasis should be placed upon planning academic requirements, monitoring the current/cumulative grade point average, and ensuring Cadets maintain full-time student status. The intent of this form (CC Form 104-R) is to input the data on the computer to prevent errors, especially in the formulas. You can obtain the appropriate form by following this link CC Form 104-R.

II. Preparation of this form electronically is self-explanatory. When the various Blocks are chosen, a What’s This? message block will appear, which provides instructions for entering correct data in each block. Once the information in Block #1 and Block #4a of Page 1, and Block #9 of Page 2 is entered, the same information will automatically populate Page 3, Statement of Understanding.

III. After downloading the form, fill in blocks #1, #2, #3, #4 of page 1. These should be self-explanatory.

<table>
<thead>
<tr>
<th>Block</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. AUTHORITY: Title 29 USC 701, 29 USC 701, and 29 USC 701, and</td>
<td></td>
</tr>
<tr>
<td>2. PRINCIPAL PURPOSE: To provide information and data necessary for administrating the Army Reserve ROTC program, processing, and managing all students for commissioning in the Army Reserve,</td>
<td></td>
</tr>
<tr>
<td>3. PURPOSE: To provide a projected academic plan to determine if the applicant meets the academic requirements of the either remaining academic year</td>
<td></td>
</tr>
<tr>
<td>4. VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL. NOT PROVIDING INFORMATION: Voluntary information is necessary to determine eligibility of the individual for acceptance,</td>
<td></td>
</tr>
<tr>
<td>5. ELIGIBILITY: An applicant must be an American citizen or permanent resident of the United States,</td>
<td></td>
</tr>
<tr>
<td>6. EFFORT: The student must complete the course requirements of the Army Reserve ROTC program within the academic period.</td>
<td></td>
</tr>
<tr>
<td>7. MAKE OF STUDENT (LAST, FIRST, MD)</td>
<td>2. ACADEMIC MAJOR</td>
</tr>
<tr>
<td>Doe, John W</td>
<td>Political Science</td>
</tr>
<tr>
<td>3. AS OF DATE (MM/DD/YYYY)</td>
<td>Date of form preparation</td>
</tr>
<tr>
<td>12/01/2012</td>
<td></td>
</tr>
</tbody>
</table>

Block #4 Note: If you are not a UNC Charlotte student, block #4a should have the school you attend, #4b should have the Cross-Enrolled block checked, #4c should have UNC Charlotte. You should have a copy of your transcripts in order to place the correct classes you have already taken and received grades/credits in. You should be going over this with your academic advisor when completing this form.

IV. Block #5. Credit Hours. Items in Block #5 will automatically calculate when data is entered. Block #5 will calculate both semester and quarter hours. From the drop down menu box, select S for semester and Q for quarter system. A sample with instructions for completion of Block #5 is below:

<table>
<thead>
<tr>
<th>SAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. CREDIT HOURS</td>
</tr>
<tr>
<td>a. Total hours required for degree (Does not include ROTC)</td>
</tr>
<tr>
<td>b. ROTC Hours that do not count (Include any ROTC hours that do not count towards the degree to ensure academic and military science alignment is maintained)</td>
</tr>
<tr>
<td>(2) Total Hours Required (automatically calculated)</td>
</tr>
<tr>
<td>Normal Academic Progression Standard (NAPS) (automatically calculated) (The Total Hours Required divided by the total number of semesters/quarters established in the school catalog to complete the degree + ROTC hours). In this sample, 120 hours (which is normally a 4-year academic program), and eight (8) semesters was used to calculate the academics + ROTC hours required (e.g., 140/8 = 17.50). This is the normal academic progression required per semester in order to remain academically aligned.</td>
</tr>
<tr>
<td>b. Transfer credits accepted toward degree (Based on institutional certifying official)</td>
</tr>
<tr>
<td>c. Credits toward degree completed to date</td>
</tr>
<tr>
<td>d. Remaining for Degree, e.g., 140 - (45 + 30) = 65 (automatically calculated)</td>
</tr>
<tr>
<td>e. Number of authorized semesters (automatically calculated) (Remaining for Degree/Normal Academic Progression, e.g., 65/17.50 = 3.71 (rounds up to 4)). (Any fraction equal to or less than .5 will be rounded down to the lower whole number and anything greater than .5 will be rounded up to the next higher whole number.)</td>
</tr>
</tbody>
</table>
Block #5 a. (1) Note: ROTC hours will vary for each student. Typically a progression cadet who takes all military science classes and labs will have 26 credit hours total for military science. Some may have only had less than 26 credits based upon their academic status depending upon what classes they have taken or have left to take. For some students, these credits may or may not count towards their degree elective requirements. This must be determined by the academic advisor. For most College of Liberal Arts and Science degree programs ROTC should count as elective credit towards their degree since we have a Military Science minor. Number of credit hours must be input in this section. They do not automatically calculate and populate here from input into Block #7 for each semester.

V. Block #6 should be self explanatory. This is where having a copy of the students transcripts helps.

VI. Block #7 is an outline of all courses where term, year, course number, course title, number of credit hours per course (Hrs.), number of credit hours per course that counts towards the degree (Cts.), and grade, will be annotated for each term. This academic assessment should be designed to meet the Cadets academic ability while maintaining fulltime status (minimum 12 hours). Block #7 will calculate the total credit hours and credit points per school term when the data is entered for each semester, NOT for Block #6 and NAPS.

Please note for each box you will need to fill out the term, year, course number, course title, credit hours. YOU MUST FILL OUT EACH AND EVERY SEMESTER SINCE YOU STARTED COLLEGE. If you transferred credits then only put down those credits that actually transferred and was accepted by your current school. If it’s high school credit, then you don’t have to put in a block, just make sure the hours are added in Block #5 Credit Hours.

Please fill from left to right, starting with fall term and ending with summer term. So it should read, Fall, Spring, Summer across. If you take both summer sessions just put both sessions in one block, do not use two blocks. If you went to Basic/ALT in the summer, go ahead and put it down. If you took off a Fall or Spring semester to go to Basic/ALT put that down in that semester that you would have attended school.

If you don’t follow this format you will be asked to do it again!!! Be Sure you include your MSC (Military Science) Courses in your plan AND you will need at least ONE APPROVED MILITARY HISTORY CLASS included in your 104R. You can find an approved military history course on the battalion website here.

It is very important to put the correct course number, course title description, hours, credits, and grade received (if you have received a grade). Cadet’s may abbreviate the course description as long as their advisor and military science instructor can understand what the course is. If the class and lab are essentially the same course description or the lab goes with a specific class then the cadet may combine the class and lab in order to save space. For example: MSCS 1101 & 1101L are both Leadership and Personal Development. Then they can put down MSCS1101 under course number, Ldrshp & Pers Dev class/lab under course title, and combine the hours/credits for both the class and lab. They can combine the grades as well.

VII. Block #8: Students should initial and date each term after counseling with instructor.
VIII. Block #9: Academic Advisor should ensure that the block for YES is checked if the cadet has all of the required courses for his/her degree/major in order to graduate. In the blank the type of degree to be awarded should be entered (i.e. B.A. Criminal Justice, B.S. Nursing, etc.) The year and month must be entered (YY,MM). It should reflect the final semester in which the cadet graduates.

IX. At this point you should save an electronic copy of the CC Form 104-R.

X. Blocks #10 through #13 should be completed at the end of the academic advisor’s counseling. Print out copy of your 104-R, sign and date lines 10 & 11. Also sign and date the appropriate line on the third page. Your academic advisor needs to sign lines 12 & 13. Bring this signed hard copy to your instructor.

XI. Page 3, Statement of Understanding, should be automatically filled out for you if you correctly fill in the other two pages. Please double check to verify that the information on Page 3 is correct. Once everything is correct it must be signed by the cadet and by the Professor of Military Science in order to be valid.

XII. The CC Form 104-R will be reviewed with the Cadet at the end of each school term (upon receipt of grades) in order to monitor proper academic alignment and proper Mission Set.
   a. (1) The Cadet initial and date Block 8 beside each term to indicate they have been counseled.
   b. (2) If the Cadets initial Planned Academic Program Worksheet changes, initiate a change within 30 days. Professor of Military Science will revalidate proper Mission Set alignment.

XIII. If for whatever reason you finish/complete your ROTC military science classes, prior to graduating, you will be classified as a Completion Cadet. Completion status is limited to a maximum of 24 months or as stipulated on the Cadets Planned Academic Program Worksheet, CC Form 104-R. Academic plan must reflect graduation at the earliest possible time, but within 24 calendar months. Completion Cadets are not eligible for subsistence allowance.

*If you are having trouble turning the pages, just look at the bottom of the form and you will see three tabs. These are used to turn the pages.

*If you are having trouble printing all three pages, make sure you have “Entire Workbook” selected as seen below.