

Chapter 2 OFFICER PROGRAMS APPLICATION INSTRUCTIONS

The Officer Programs Application has been revised and should be reviewed in its entirety. Those applying for Seaman to Admiral-21 (STA-21), Naval Academy, and NAPS need to refer to the applicable chapter in this enclosure to find out the application process. Please follow the instructions below for completing the single application. Specific program eligibility and program information and application procedures for each officer program are contained in this Manual. Carefully read the appropriate program section **prior** to completing your application for an officer program. **You must have an original signature on each application you submit.**

INSTRUCTIONS

1. Read the following instructions carefully before filling out the form, OPNAV 1420/1 (REV. 10-02). This application can be found on the BUPERS Website in Word format. If you have questions about the application, the program point of contact listed in the respective program chapter can provide assistance. Illegible entries can result in misinterpretation by a selection board and may jeopardize your selection. **Applications must be typed or neatly hand-written in black or blue ink.**
2. Enter name and rate/rank, and SSN in the blocks provided on top of every page of this application.
3. Provide information in each block as specified.

Block 1. List other names used particularly if college or high school transcripts or other important documents reflect a name different from your current name.

Block 2. Indicate programs to which you are applying by placing an **X** in the box next to the appropriate program. Check **all** programs for which you are applying. Please note the requirements for each program. For duplicate program submission, send package to appropriate address.

OCS	Officer Candidate School
MECP	Medical Enlisted Commissioning Program
MSC IPP	Medical Service Corps In-service Procurement Program (Health Care Administration, DUINS, Physician Assistant, Radiation Health Officer, Environmental Health, Industrial Health, Entomology, and Pharmacy)
LDO	Limited Duty Officer
CWO	Chief Warrant Officer

Block 3. Desired community/designator. List desired community/designator preference (i.e.: Surface Warfare, Aviation, Surface Warfare Nuclear, Nurse Corps, and Submarine). This information is required for OCS, LDO and CWO (maximum two designators for LDO/CWO applicants), but is optional for all other programs. See Appendix H for the listing of communities and officer designators.

PERSONAL INFORMATION SECTION. For the following blocks, please indicate as applicable.

Blocks 4 and 5. Self-explanatory.

Block 6. (LDO/CWO applicants only fill out 6a and 6b unless applicant is a naturalized citizen.) U.S. citizenship is a legal requirement for all commissioned officers (10 U.S.C 532); therefore, you must provide proof of U.S. citizenship when applying for a commission or for programs leading to a commission. A copy (DO NOT SEND IN ORIGINAL) of your birth certificate is valid proof of U.S. citizenship. In certain states, it is illegal to copy the birth certificate. In those cases, applicants may use the Verification of Birth (Form DD 372). When using the Form DD 372, your Personnel Office or Executive Officer must sight your original birth certificate and sign in the appropriate block of the form and list the date that the original document was sighted. Other valid forms of proof of U.S. citizenship include Naturalization and Citizenship Certificates and the U.S. passport. In these cases, your Personnel Office or Executive Officer must complete the Verification of Birth (Form DD 372) or a NAVPERS 1070/613. When using the NAVPERS 1070/613, please ensure administrative remarks are made to cite the original documents, Immigration and Naturalization Service registration number place and date issued. (DO NOT SEND IN ORIGINALS).

Block 7. Self-explanatory. (Not required for LDO/CWO applicants)

Block 8. Number of Dependents: OCS applicants include spouse, if applicable. (Not required for MECP, and LDO/CWO applicants)

Block 9. Unit Identification Code (UIC): Contact your Command's Administration Office for this information.

Block 10. Projected Rotation Date (PRD): Self-explanatory.

Blocks 11 through 13. Self-explanatory.

MILITARY INFORMATION SECTION

Blocks 14 through 17. Self-explanatory.

Block 18. Testing Scores. See specific chapters for Testing Scores. (Not required for LDO/CWO applicants)

Block 19. PRT section should be completed by your Command Fitness Leader (CFL). (Not required for LDO/CWO applicants)

- PRT: Scores must be from last 3 consecutive official PRTS.
- Date of PRT - provide date with corresponding score.
- Final Scores: Enter total numeric score/total points.
- Overall Score: CFL must write in the overall score (i.e.; Excellent Good, Good Medium, etc.)
- Run/Swim: Circle either Run or Swim and enter time (minutes.seconds).
- Sit-ups: Enter number of sit-ups.
- Push-ups: Enter number of push-ups.
- Height: Enter height in inches.
- Weight: Enter weight in pounds.
- Percent Body Fat (if applicable).

*Marine Corps applicants applying to MECF or MSC IPP should forward a copy of their PFT record with application.

Block 20. Self-explanatory. (Attach separate sheet if more space is necessary.)

EDUCATION SECTION

Block 21. High School. Include GED information only if you are not a high school graduate. If you did not graduate from high school, but earned a GED instead, you must include all high school transcripts reflecting the time you attended. Attach one certified copy of each high school transcript and/or GED certificate. (Not required for OCS, MECF, and MSC IPP.) (Only required for LDO/CWO if not a high school graduate.)

Block 22. College. Provide the required data if applicable. If you have not completed your baccalaureate degree, and are applying for a degree completion program, provide the number of fully transferable college credits. See appropriate chapters for specific educational requirements and college transcript information.

Block 23. High School Transcript. Self-explanatory.

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PERSONAL HISTORY

Block 24. Personal Awards. Include Flag Letters of Commendation, Navy and Marine Corps Achievement Medal and higher.

Block 25. Service Schools. Attach your SMART transcript. List any Service Schools that were attended for a 2-week duration or longer that are not listed on the SMART. Not required for LDO/CWO.

Block 26. Self-explanatory.

Block 27. Extracurricular Activities. List extracurricular activities and dates of involvement starting with the most recent (e.g., sports, clubs, civic or military activities/volunteer work, collateral duties and command activities). Highlight any positions of leadership associated with the activity (e.g., team leader, MWR Chairperson, President of High School or College Team or Club).

Block 28. Special Abilities. List all foreign language abilities, flying experience including airframe and hours, computer skills, etc.

Block 29. Civil/Military Offense(s): Fill out as directed. **Important!** Providing false information or failing to declare any civil/military offense(s) may result in non-selection for the program.

Block 30. Drug Use/Alcohol Related Incident(s): Fill out as directed. **Important!** Providing false information or failing to declare any drug/alcohol incident(s) may result in non-selection for the program.

Block 31. Previous applications for any commissioning programs: List programs and dates (FY) for any commissioning programs for which you were selected or attended. In the block provided in the Personal Statement sections of this application, include a brief explanation of your reason for withdrawing from the program.

PERSONNEL SECURITY INFORMATION. This section is applicable to OCS, MECP and MSC IPP applicants only. All other programs, not applicable.

Blocks 32 through 34. Provide the information as indicated. Your Security Manager **must** obtain verification from Department of Navy Central Adjudication Facility (DONCAF) that you possess the appropriate entrance agency check. Your Command Security Manager or Executive Officer must sign in the blocks provided that

verification was made with DONCAF and that you possess the appropriate entrance investigations. **Applications will be rejected and returned to the applicant** if this section is not completely filled out or if Command Security Manager verification is not indicated. Applicants for the OCS, MECP, or MSC IPP programs, who do not have either a valid Entry Level National Agency Check (ENTNAC) or National Agency Check (NAC), must include a completed SF 86 (EPSQ version 2.1 or higher) with the Officer Programs Application. OCS applicants for Special Duty Officer programs in Intelligence, Cryptology or Nuclear Power designators will require a Special Background Investigation and applicants may be required to submit a Personnel Security Questionnaire (SF 86 EPSQ version 2.1 or higher) regardless of whether they have an ENTNAC or NAC. See specific sections of this manual for specific program guidance.

Block 35. OCS applicants only must check appropriate status of BUPERS orders.

Privacy Act. Read Privacy Act Statement completely. Sign and date your application.

Additional Application Requirements

Personal Statement. Use the space provided to answer questions 1 and 2 and, if applicable, question 3. Your personal statement should be a clear, concise essay addressing the areas listed on the application form. If handwritten, it must be legible. Extra attached sheets and lengthy statements are discouraged. LDO and CWO applicants must include obligatory service statement per Chapter 7 of this instruction.

Financial Statement (OCS applicants only). Use the space provided to answer questions 1 through 6. If handwritten, it must be legible.

Commanding Officer Recommendation. To be completed by your Commanding Officer. Please note that duplicate applications require original signature.

Request For College Transcript. To be completed and signed by the applicant. You must provide transcripts from all colleges you attended. Detach transcript request from application form and send it to university/college(s). Make checks payable to the university/college and send with transcript request.

NOTE: OCS, MSC IPP, and MECP require an **official** transcript with a raised seal from school official or registrar. For other programs, a certified copy of your transcript(s) is sufficient.

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Request for High School Transcript

To be completed and signed by the applicant. Provide certified copies of transcripts from all high school attended.

Applicant's Name (Last, First, MI) _____

Rate/Rank _____

SSN _____

MILITARY INFORMATION

14. Time in Rate _____ (dd/mm/yy)

15. Branch of Service and Component (Check appropriate block)

USN USNR USNR-R USMC USNR (TAR) Other (Specify) _____

16. Warfare Qualification(s)

(1) _____ (2) _____ (3) _____ (4) _____

17. Active Duty Service Date _____ (dd/mm/yy)

18. TESTING SCORES (See specific chapters per officer program) (Not required for LDO/CWO)

TEST	SCORES	TEST	SCORES
AFQT		GRE	
VE		GMAT	
AR		P/FOFAR	
SAT/ACT		P/FOBI	
		OAR	
		AQT	

19. PRT INFORMATION Provide the following information for the last three consecutive official PRTs. (For Marine personnel applying for MECF or MSC IPP provide a copy of your PFT record.) (Not required for LDO/CWO)

Date of PRT	Final Score	Overall Score	Run/ Swim	Sit Ups	Push Ups	Height	Weight	Percent Body Fat
		<input type="checkbox"/> O <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> F						
		<input type="checkbox"/> O <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> F						
		<input type="checkbox"/> O <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> F						

PRT Coordinator (Print Name and Rate/Rank) _____

PRT Coordinator Signature and date _____

20. DUTY ASSIGNMENT HISTORY (List last 5 commands)

Dates (from/to)	Position (Primary Duty)	Command
PRESENT		

* attach separate sheet if more space is necessary

FOR OFFICIAL USE ONLY (When filled in)

Applicant's Name (Last, First, MI) _____ Rate/Rank _____ SSN _____

EDUCATION

21. **HIGH SCHOOL:** (For LDO/CWO attach proof of GED if not a High School Graduate) (Not required for OCS, MECP, and MSC IPP)

- a. High School Graduation Date _____ (dd/mm/yy)
- b. High School(s) Attended (Name & location):
 - (1) _____
 - (2) _____
 - (3) _____
- c. **GED Date** _____ (dd/mm/yy)

22. **COLLEGE:** (Attach one certified copy of all college transcript(s))

- a. Associate's Degree _____ Date of Degree _____
- b. Bachelor's Degree _____ Major _____ Date of Degree _____
- c. Number of college credits if Bachelor's Degree is not complete _____
- d. Anticipated date of graduation if Bachelor's Degree is not complete _____
- e. Graduate Degree _____ Major _____ Date of Degree _____

23. **Degree Preference** (Not required for OCS, MECP, and LDO/CWO.)

- a. Desired Course of Study (Major) _____
- b. University Preference(s):
 - (1) _____ (3) _____
 - (2) _____ (4) _____

PERSONAL HISTORY

24. **Personal Awards** (Attach one copy of each award citation)

AWARD	COMMAND (Short Title)	Date Awarded

* attach separate sheet if more space is necessary

25. **Service Schools** (SMART Transcript is not required for LDO/CWO.)

Name and Location of School Attended	Date of School	Class Standing (if applicable)

* attach separate sheet if more space is necessary

26. **Correspondence Courses** (Exclude rate required courses.)

Correspondence Course Title	Date Completed

* attach separate sheet if more space is necessary

Applicant's Name (Last, First, MI)

Rate/Rank

SSN

27. Extracurricular Activities

1.
2.
3.
4.
5.

28. Special Abilities: (List all foreign language skills; flying experience, including airframe and hours; computer skills, etc.)

1. _____

2. _____

3. _____

29. Civil/Military Offense(s) (List all incidents except minor offenses that impose a fine of \$300.00 or less, exclusive of court charges) Have you ever been cited, arrested, convicted, or fined for any violation of any law or ordinance? Yes No. If yes, give complete description of incident(s). State where and when each incident occurred, the nature of offense(s), and the date and disposition of case(s). (Include NJPs and Courts Martial). **NOTE: FAILURE TO REPORT ANY SUCH INCIDENT MAY BE GROUNDS FOR WITHDRAWAL OF AN OFFER OF ACCEPTANCE INTO A COMMISSIONING PROGRAM.**

Offense(s)	Place of Offense(s)	Disposition of Offense(s)	Date of Disposition(s)

* attach separate sheet if more space is necessary.

30. Drug Use/Alcohol Related Incidents **NOTE: FAILURE TO REPORT ANY SUCH INCIDENT MAY BE GROUNDS FOR WITHDRAWAL OF AN OFFER OF ACCEPTANCE INTO A COMMISSIONING PROGRAM.**

Drug/Alcohol Used	Amount Taken	Frequency of Use	Date Last Used

* attach separate sheet if more space is necessary

FOR OFFICIAL USE ONLY (When filled in)

Applicant's Name (Last, First, MI)

Rate/Rank

SSN

31. Previous applications/attendance to any commissioning programs

Program	Sponsor Service	Date	Results (Selected but declined position or non-selection)

* attach separate sheet if more space is necessary

PERSONNEL SECURITY INFORMATION. Required for applicants for OCS, MECP, and MSC IPP ONLY. This section MUST be completed by the Command Security Manager. Applications will be returned if this section is not completed. NOTE: If you possess a current background investigation, the Electronic Personal Security Questionnaire (EPSQ) is NOT required. See Chapters 4, 5, and 6 for further guidance.

32. Type of background investigation. ENTNAC NAC OTHER

33. Investigating Agency e.g., DOD, FBI, State Department _____
 Date of Investigation _____

34. Command Security Manager verification of current ENTNAC or NAC.

Security Manager Name and Rank (Print)	Work Phone
Security Manager Signature and Date	DSN

35. Initial one of the following two blocks: I certify that I ____ am/ ____ am not under BUPERS permanent change of station (PCS) orders. If I am, I further certify that my command has advised BUPERS by message to hold my orders in abeyance, and that I will not transfer prior to final disposition of my application. (For OCS applicants only.)

PRIVACY ACT

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; Title 10 United States Code, Section 532, and 2122, 12209, 12241 which prescribes qualifications for appointment in the Armed Forces of the United States, information regarding your educational background, involvement with law enforcement agencies, juvenile, traffic, criminal, or other, including foreign countries, drug usage, physical problems or prior processing, whether for U.S. Navy or branches of the services not withstanding. Executive Order 9397 authorizes the solicitation of the Social Security Number (SSN). Deliberate concealment or false representations may result in disenrollment, and the Uniform Code of Military Justice (UCMJ) Article 83 authorizes a fine and/or imprisonment for fraudulent appointment.

PRINCIPAL PURPOSES: To determine the applicant's eligibility for appointment into the United States Navy. The information provided is **FOR OFFICIAL USE ONLY** and may become a permanent part of your service record and will be maintained and used in strict confidence in accordance with Federal Law and Regulations. The Social Security Number will be used to verify, identify, and locate existing records.

ROUTINE USES: To obtain background information from the application to determine applicant's qualifications for commission and programs leading to commission. If prosecuted by the Federal Government for fraudulent appointment, the collected information may be released to the Department of Justice.

DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the Social Security Number may result in denial of appointment into the United States Navy. If after you are appointed, it is found that you concealed a record, you may be discharged from the U.S. Navy as a fraudulent appointment and may be subject to a fine and/or imprisonment.

I certify that the above information is correct. **(Please note, duplicate applications require original signature.)**

Applicant's Signature _____ **Date** _____

Applicant's Name (Last, First, MI)

Rate/Rank

SSN

PERSONAL STATEMENTS (Cont.)

3. Address any waiver requests, for example age, education, Time in Service, Time in Grade, requirements, etc. (If applicable)

FOR OFFICIAL USE ONLY (When filled in)

Applicant's Name (Last, First, MI) _____

Rate/Rank _____

SSN _____

COMMANDING OFFICER'S RECOMMENDATION

Commanding Officer Name _____

Command _____

Street Address _____

City _____ State _____ Zip _____

Work Phone _____ DSN _____ FAX _____

Please evaluate the candidate in the following areas:

TRAITS	OUTSTANDING	EXCELLENT	GOOD	SATISFACTORY	UNSATISFACTORY
Leadership Potential	<input type="checkbox"/>				
Professional Performance	<input type="checkbox"/>				
Personal Appearance	<input type="checkbox"/>				
Teamwork	<input type="checkbox"/>				
Technical/Rating Knowledge (if applicable)	<input type="checkbox"/>				
Academic Potential	<input type="checkbox"/>				
Officer Potential	<input type="checkbox"/>				
Motivation for Program	<input type="checkbox"/>				
Overall Evaluation	<input type="checkbox"/>				

Does the candidate meet all physical requirements? Yes NoIs the candidate world wide assignable? Yes No

Is the candidate under BUPERS PCS orders? Yes No. If yes, I certify that my command has advised BUPERS by message to hold orders in abeyance, and that I will not transfer the member prior to final disposition of application.

Member ranked ____ out of ____ current applicants for the same program from my command.

Remarks. Please provide in the space on the next page your personal recommendation and certification that the applicant meets eligibility requirements for the programs for which he/she is applying. Also provide amplifying information which would help a board in making a selection determination. Address and make recommendation if applicant requests a waiver of any program eligibility requirement. (For LDO/CWO applicants only: Address qualifications for each designator listed in application. No "By direction" signatures will be accepted.)

COMMANDING OFFICERS RECOMMENDATION

(For OCS candidate(s), include date available for transfer. I further certify that the member is not under orders, or if under orders that I have complied with direction not to transfer member until final disposition of applicant package.) By your signature you are certifying that this candidate meets program eligibility requirements and that any waiver request(s) has been addressed. **Please note duplicate applications require original signature.**

Signature _____
OPNAV 1420/1 (Rev. 07-02)

Date _____
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FOR OFFICIAL USE ONLY (When filled in)

Applicant's Name (Last, First, MI) _____

Rate/Rank _____

SSN _____

REQUEST FOR HIGH SCHOOL TRANSCRIPT

PRINT NAME IN FULL (Last, First, Middle) _____

BIRTHDATE _____

SOCIAL SECURITY NUMBER _____

GRADUATION YEAR _____

NUMBER OF TRANSCRIPTS REQUESTED _____

Send transcript to: (Address) _____

Check or Money Order enclosed \$ _____

I authorize release of my high school transcript.

SIGNATURE _____

DATE _____

(TO BE COMPLETED BY SCHOOL OFFICIAL!)

Instructions: The student named above is applying for an officer program in the U.S. Navy. Please complete, as accurately as possible, this part of the form. The Scholarship Selection Board uses a transcript of grades in reviewing an applicant's record.

1. In addition to courses taken (or in progress) and grades received, it is essential that the transcript reflect rank in class along with the most complete academic record to include test results such as NMSQT, CEEB'S, ACT'S, and other national examinations.
2. Important! Please submit this information immediately.
3. Return completed form and transcript signed or stamped by a high school official to the activity indicated above. (Also, include a profile of the graduating class, if possible.)

Candidates Cumulative GPA: _____ GPA Scale: _____ Rank in Class: _____

Percentage of Graduating Class expected to enter: 4 YR College _____

2 YR College _____

School ETS Code: _____

Did this student take any:

Honor Courses		Accelerated Courses		Advance Placement Courses		Not Available	
<input type="checkbox"/> YES	<input type="checkbox"/> NO						

Are all Honor, accelerated, and advance placement courses given extra credit in computing:

Ranking in Class Yes No

Grade Averages Yes No

Is applicant from a minority group or disadvantaged background: Yes No.

Applicant's Name (Last, First, MI) _____ Rate/Rank _____ SSN _____

HIGH SCHOOL TRANSCRIPT CONTINUES

If yes, which: Minority
 Disadvantaged (specify in comment area)

Official Name of School _____

Street Address _____

City _____ State & Zip _____ School Telephone _____

Ranking Period (Month & Year): _____

Indicate how grade point average and rank were determined if profile not available.

If rank is not available, please check placement percentile below:

Top 5% 10% 20% 30% 40% 50% Lower 50%

Comments: (Additional information, which may be significant in considering the applicant.)

Date Title Signature Print Name

FOR OFFICIAL USE ONLY (When filled in)

Applicant's Name (Last, First, MI) _____ Rate/Rank _____ SSN _____

REQUEST FOR COLLEGE TRANSCRIPT

To be completed by applicant

Name of University/College _____

Street Address _____

City _____

State _____

Zip Code _____

Name on transcript _____

Dates attended _____

Year of graduation _____

Degree: (college only) _____

Number of transcripts requested _____

Check or money order enclosed \$ _____

Send transcript to:

Signature: _____ Date: _____

SEND THIS FORM ALONG WITH APPROPRIATE MONEY ORDER OR CHECK TO THE UNIVERSITY OR COLLEGE.

Applicant's Name (Last, First, MI)

Rate/Rank

SSN

FINANCIAL STATEMENT FOR OCS

** If yes to questions 1 through 6, please ensure you provide the **MONTH, YEAR, TYPE OF ACTION, AMOUNT, NAME ACTION OCCURRED UNDER, NAME AND ADDRESS OF COURT OR AGENCY HANDLING CASE, STATE, ZIP CODE.**

1. In the last 7 years, have you filed a petition under any chapter of the bankruptcy code? Yes No

2. In the last 7 years, have your wages been garnished? Yes No

3. In the last 7 years, has any of your property been repossessed? Yes No

4. In the last 7 years, has a lien been placed against your property for failing to pay taxes or other debts? Yes No

5. In the last 7 years, have all judgments against you been paid in full?
 Yes No. If no, indicate payment plan and last projected payment.

6. In the last 7 years, have you been over 180 days delinquent on any debt(s)?
 Yes No

Are you currently over 90 days delinquent on any debt(s)? Yes No

If yes to either provide: Date debt incurred (mm/yy), date satisfied (mm/yy), amount, type of loan or obligation and account number, name and address of creditor or obligee, include state and zip.

FOR OFFICIAL USE ONLY (When filled in)

INTERVIEWER'S APPRAISAL SHEET

(See information on next page before completing) **TYPE OR PRINT LEGIBLY**

NAME (Last, first, middle)	PROGRAM FOR WHICH APPLYING	DATE
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PERSONAL QUALITIES

DESCRIPTIVE: (Observe the applicant and write 6 adjectives or phrases which you believe to be most descriptive of the applicant)

1.	2.	3.
4.	5.	6.

EVALUATIVE: Consider the applicant as a potential naval officer, and evaluate him/her on the following:

APPEARANCE AND POISE	*OUTSTANDING	EXCELLENT	GOOD	ADEQUATE	*UNSATISFACTORY						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
ORAL COMMUNICATION AND EXPRESSION OF IDEAS	*OUTSTANDING	EXCELLENT	GOOD	ADEQUATE	*UNSATISFACTORY						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
LEADERSHIP POTENTIAL	*OUTSTANDING	EXCELLENT	GOOD	ADEQUATE	*UNSATISFACTORY						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
YOUR WILLINGNESS TO HAVE INDIVIDUAL SERVE UNDER YOUR COMMAND WHEN COMMISSIONED	PARTICULARLY LIKE TO HAVE	PREFER TO MOST	BE PLEASED TO HAVE	BE SATISFIED WITH	PREFER NOT TO HAVE						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	10	9	8	7	6	5	4	3	2	1	0
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: (A summary statement evaluating the applicant is required. All extreme ratings marked by an (*) should be further commented upon on this page.)

MOTIVATION					
PROGRAM MOTIVATION (Indicate the applicant's motivation for the program for which applying)	VERY HIGHLY MOTIVATED FOR PROGRAM	DEFINITELY MOTIVATED FOR PROGRAM	MOTIVATED FOR NAVY. PROGRAM NOT IMPORTANT	MOTIVATED FOR COMMISSION PROGRAM AND SERVICE NOT IMPORTANT	UNABLE TO DETERMINE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POTENTIAL					
POTENTIAL AS A CAREER NAVAL OFFICER (Complete for all commissioning programs)	OUTSTANDING (1)	EXCELLENT (2)	GOOD (3)	AVERAGE (4)	LESS THAN AVERAGE (5)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: (Supplement or qualify the motivation rating and potential as a career naval officer, as appropriate.)

SIGNATURE OF INTERVIEWER	TYPED OR PRINTED NAME OF INTERVIEWER	GRADE, CORPS (if any) DESIGNATOR BRANCH OF SERVICE
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INFORMATION FOR COMPLETING INTERVIEWER'S APPRISAL SHEET

1. The purpose of the interview is to evaluate accurately and impartially the characteristics of the candidate to determine potential as a commissioned officer and motivation toward service in the Navy.
2. The interview should take a minimum of 15 minutes. A period of 15-30 minutes is usually adequate, although more time may be necessary on occasion.
3. Discussion topics should draw out the applicant. Suggested topics include: Navy programs, service life, school experience, personal interest, goals in life, current events, sports, family attitude toward application, and any others suggested by a review of the application file.
4. Marking is difficult. Your judgments forms an important part of each applicant's file, and usually represent the only personal contact with the applicant reported by an official of the Navy. Be fair and impartial, neither too easy nor too hard on the applicant. Mark only on what you have observed personally, not on the opinions or comments of others.
5. No marks should be put on this form until the interview has been completed.
6. If it appears that the space for comments will not be sufficient, phrases may be used rather than complete sentences.
7. Below is a checklist of characteristics which interviewing officer can observe of adjectives which can be used to describe these characteristics in applicants. This is meant only to assist the interviewer in preparing for the interview and in making a written evaluation after the interview. It is not intended to be all-inclusive.

Characteristics/Descriptive Adjectives:

BEARING

Good posture
Slouch
Forceful
Apathetic
Casual
Formal

GROOMING

Careless
Neat
Clean
Unclean
Well-dressed
Inappropriately dressed

COMPOSURE

Poised
Awkward
Relaxed
Nervous
Confident
Insecure

ATTITUDE

Sincere
Flippant
Enthusiastic
Indifferent
Cooperative
Uncooperative
Contentious
Pleasant
Forthright
Secretive
Arrogant
Modest

ORAL EXPRESSION

Articulate
Inarticulate
Responsive
Unresponsive
Taciturn
Loquacious

GENERAL IMPRESSION

Impressive
Unimpressive
Dull
Interesting
Mature
Immature

VOICE QUALITY

Strident
Soft spoken
Speaks clearly
Inaudible