

Enrollment Forms Guide

Completing the USACC 139-R

CADET APPLICATION AND ENROLLMENT RECORD For use of this form, see USACC Pam 145-4, the proponent agency is ATCC-PAC DATA REQUIRED BY THE PRIVACY ACT OF 1974			
Authority	10 USC 2101, 2103, 2104, 2107, 2111, and 5 USC 301		
Principal Purpose(s)	To obtain personnel data in order to determine eligibility for enrollment and serve as a source document for cadet's service record throughout participation in the ROTC Program. Provides data for the administration of the ROTC student commencing with application for enrollment into the ROTC Program.		
Routine Uses	To verify eligibility to participate in the ROTC Program; to provide information on addresses and telephone numbers for use in the event of death, injury, illness or unauthorized absence while participating in ROTC activities; to facilitate contact with complete information with a cadet during other than normal training periods; to make a matter of record the information provided by the cadet.		
Disclosure	Disclosure is voluntary. However, failure to provide complete information and provide responses will suspend the enrollment process into the ROTC Program.		
PART I - GENERAL INFORMATION			
<input type="button" value="Reset Form"/>			
1. NAME Last	<input type="text"/>	1a. NAME First	<input type="text"/>
		1b. NAME MI	<input type="text"/>
2. SSN	<input type="text"/>	3. COLLEGE ID #	<input type="text"/>
4. E-MAIL	<input type="text"/>		
5. LOCAL ADDRESS	<input type="text"/>	5a. CITY	<input type="text"/>
		5b. STATE	<input type="text"/>
		5c. ZIP CODE	<input type="text"/>
6. PHONE	<input type="text"/>		
7. PERMANENT ADDRESS	<input type="text"/>	7a. CITY	<input type="text"/>
		7b. STATE	<input type="text"/>
		7c. ZIP CODE	<input type="text"/>
8. PHONE	<input type="text"/>		
9. DOB	<input type="text"/>	10. POB	<input type="text"/>
11. RELIGIOUS PREF	<input type="text"/>		
12. BLOOD TYPE	<input type="text"/>	13. ACT	<input type="text"/>
14. SAT	<input type="text"/>		
15. SEX	<input type="text"/>	HEIGHT	<input type="text"/>
17. WEIGHT	<input type="text"/>		
18. MARITAL STATUS	<input type="text"/>		
19. DEPENDENTS	<input type="text"/>	19a. NUMBER OF DEPENDENTS	<input type="text"/>
20. RACE/ETHNICITY (Check One)	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other If "other", Explain: <input type="text"/>		
21. CITIZENSHIP (Check One)	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Born <input type="checkbox"/> Naturalized <input type="checkbox"/> Born Overseas With U.S. Parents <input type="checkbox"/> Dual Citizenship (See USACC PAM 145-4, 2-39)		
	<input type="checkbox"/> Non U.S. Citizen <input type="checkbox"/> Immigrant Alien <input type="checkbox"/> Nonimmigrant Alien <input type="checkbox"/> Refugee		
22. Do you have any condition that could interfere with you participating in a normal college physical education course?	<input type="text"/>	22a. If "yes" explain	<input type="text"/>
25. Have you ever received Medical Disability payments from any source?	<input type="text"/>	23a. If "yes" explain	<input type="text"/>
26. NEXT OF KIN	<input type="text"/>	24a. ADDRESS	<input type="text"/>
		24b. PHONE	<input type="text"/>
PART II - ACADEMIC INFORMATION			
25. ROTC HOST SCHOOL	<input type="text"/>	25a. FICE CODE	<input type="text"/>
26. SCHOOL OF ATTENDANCE	<input type="text"/>	26a. FICE CODE	<input type="text"/>
27. RESIDENCY STATUS	<input type="text"/>	28. ACADEMIC CLASS	<input type="text"/>
29. PROJECTED GRADUATION DATE	<input type="text"/>	30. ACADEMIC MAJOR	<input type="text"/>
31. ACADEMIC MINOR	<input type="text"/>	32. CREDITS TOWARD DEGREE	<input type="text"/>
33. CREDITS REQUIRED FOR DEGREE	<input type="text"/>	34. CGPA (COLLEGE)	<input type="text"/>
35. OTHER COLLEGES ATTENDED	<input type="text"/>	35a. YEAR(S) ATTENDED	<input type="text"/>
36. HIGH SCHOOL ATTENDED	<input type="text"/>		
36a. GRADUATION DATE	<input type="text"/>	37. ROTC SCHOLARSHIP RECIPIENT	<input type="text"/>
37a. If "yes" what type?	<input type="text"/>		
38. OTHER SCHOLARSHIPS	<input type="text"/>		
39. JROTC EXPERIENCE	<input type="text"/>		
PART III - CURRENT OR PRIOR MILITARY SERVICE (TO INCLUDE OFFICER PRODUCING PROGRAMS)			
<input type="checkbox"/> NOT APPLICABLE (Go to PART IV)	40. CURRENT SERVICE: Are you currently in the Armed Forces? <input type="text"/>		
	40a. If "yes" which Branch? <input type="text"/>		
40b. SMP UNIT	<input type="text"/>		
	40c. Is your spouse currently a member of the Armed Forces? <input type="text"/>		
41. PRIOR SERVICE: Have you ever been enrolled in an officer producing program?	<input type="text"/>	41a. Were you ever disenrolled from the ROTC Program?	<input type="text"/>
		41b. Were you ever enrolled in a Service Academy?	<input type="text"/>
41c. Were you ever discharged from the Armed Forces?	<input type="text"/>	41d. If "yes" what type of discharge?	<input type="text"/>
		41e. If "yes" what was the RE Code?	<input type="text"/>
41f. Months of Active Service	<input type="text"/>		
41g. Have you ever been discharged for medical reasons?	<input type="text"/>	41h. If "yes", explain:	<input type="text"/>
		41i. Have you enlisted through the Military Accessions Vital to National Interest (MAVNI) Program?	<input type="text"/>

Picture of page 1 of USACC form 139-R

RULES

- FILL OUT PAGES 1 and 2 ONLY
- DOWNLOAD THE FORM AND TYPE YOUR INFORMATION
- USE ALL CAPITAL LETTERS (with one exception)
- IF YOU DO NOT KNOW, LEAVE BLANK

1. NAME

1. NAME (Last, First, MI)

- Enter your LAST name, then FIRST name, then MIDDLE Initial, e.g. SMITH, JOHN J.
- Use lower case letters for prefix portions of family names, e.g. Mc, Mac, de, St., Van, etc.
- If you have a suffix (Jr., III), add it to end of last name, e.g. JONES, Jr., CASEY S.

2.SSN

2. SSN

- Clearly write your 9-digit Social Security Number **WITHOUT** including any dashes
- If you are remote, include this **ONLY IF** your instructor sent you instructions to upload this form to a secure site.
- ★ *NEVER send your Social Security Number in an unencrypted email or text.*

3. College ID#

3. COLLEGE ID #

- Enter your Penn State ID number
- This is the 9-digit number on your PSU ID card that starts with the number “9”

4. eMail Address

4. E-MAIL

- Insert your school eMail address
- Include the “@bonaventure.edu”

5. Local Address

5. LOCAL ADDRESS

Dorm room & building or off-campus # & st.

USE PENCIL

- On-Campus: Room number and Building,
e.g. 123 Beam
- Off-Campus: Number and Street,
e.g. 456 N. Atherton St.

5a., 5b, and 5c. Local Address (Continued)

5a. CITY 5b. STATE 5c. ZIP CODE

- On-campus:
5a. University Park
5b. PA
5c. 16802
- Off-campus city, state and ZIP code
e.g. State College / PA / 16801

6. Local Phone

6. PHONE

Local / Cell

- Enter your cell phone (preferred) or local number where you can be reached.
- If not included, you may miss out on scholarship or other opportunities.
- If you do not wish to be notified by text, write “No text” in PENCIL to the right of block 6.

7. Permanent Address

7. PERMANENT ADDRESS

Home: number and street

- Street or RFD number and street name of home address (123 Main ST)

7a., 7b, and 7c. Permanent Address (Continued)

7a. CITY 7b. STATE 7c. ZIP CODE

Home (Permanent) address:

- 7a. City
- 7b. State (Two letter postal code)
- 7c. ZIP code (five digit)

8. Home Phone

8. PHONE

- Enter the phone number for your home of record (permanent address)
- If you no longer have a house phone, use the number of a spouse, parent or guardian.

9. DOB: Date of Birth

9. DOB

- use DDMMYY format, e.g. 25AUG04, 01APR95
- For the month, use the first three letters, all

capitalized:

JAN	FEB	MAR	APR
MAY	JUN	JUL	AUG
SEP	OCT	NOV	DEC

- Do NOT use any slashes “/”

10. POB: Place of Birth

10. POB

- Enter the City and State of the place where you were born.
e.g., Pittsburgh, PA
Leesburg, VA
- If born outside the United States, enter the city and country where you were born.
e.g. Frankfurt, Germany

11. Religious Preference

11. RELIGIOUS PREF

- Enter your religious preference (partial list below):

Assemblies of God
Baptist American
Baptist Other
Baptist Southern
Brethren
Buddhist
Christian Science
Church of Christ
Church of God
Disciples of Christ
Episcopal

Evangelical Covenant
Friends (Quaker)
Jehovah's Witnesses
Jewish
Latter Day Saints
Lutheran
Methodist
Muslim
Nazarene
No Preference
Orthodox

Other Religions
Pentecostal
Presbyterian
Protestant
Protestant (Other)
Reformed
Roman Catholic
Salvation Army
Seventh-Day Adventist
Unitarian Universalist
United Church of Christ

12. Blood Type

12. BLOOD TYPE



- Enter blood type, if known.

A+

A-

B+

B-

AB+

AB-

O+

O-

13. ACT

13. ACT

- If you took the ACT, enter the 2-character ACT COMPOSITE score (this is the composite score for all 4 areas); i.e., 24, 32, etc.

14. SAT

14. SAT

- If you took the SAT, enter the combined score for verbal and math; i.e. 1200, 950, etc.
- Do NOT include your essay score.

15. SEX

15. SEX

- Enter:
M for Male
F for Female

16. Height

16. HEIGHT



- Enter your height in inches; i.e., 60, 72, etc.

$$5' 0'' = 60$$

$$5' 1'' = 61$$

$$5' 2'' = 62$$

$$5' 3'' = 63$$

$$5' 4'' = 64$$

$$5' 5'' = 65$$

$$5' 6'' = 66$$

$$5' 7'' = 67$$

$$5' 8'' = 68$$

$$5' 9'' = 69$$

$$5' 10'' = 70$$

$$5' 11'' = 71$$

$$6' 0'' = 72$$

$$6' 1'' = 73$$

$$6' 2'' = 74$$

17. Weight

17. WEIGHT

- Enter your weight in pounds.

18. Marital Status

18. MARITAL STATUS



- Use the appropriate one-letter code:

S – Single

M – Married

D – Divorced

W – Widowed

19. Dependents

19. DEPENDENTS

- Enter “Yes” if you have a spouse, children, or others who depend on you for life support.
- Enter “No” if not.

19a. Number of Dependents

19a. NUMBER OF DEPENDENTS

- If you have a spouse, children, and/or others who depend on you for life support, enter the number of your dependents.
- If you have no dependents, leave blank.

20. RACE/ETHNICITY

- Use an “X” to check the appropriate block:
 - African American
 - American Indian
 - Asian
 - Caucasian
 - Hispanic
 - Other
- If you check “Other,” then write in your ethnicity where it says “Explain.”

21. CITIZENSHIP

This section requires you to check TWO boxes:

- Use an “X” to check U.S. Citizen or Non U.S. Citizen.
- If U.S. Citizen, then check either U.S. Born, Naturalized, Born Overseas With U.S. Parents, or Dual Citizenship.
- If you are a Non U.S. Citizen, then check either Immigrant Alien, Nonimmigrant Alien, or Refugee.
- Notify your instructor if you are a Non U.S. Citizen.

22. Do you have any condition that could interfere with you participating in a normal college physical education course?

22a. If "yes" explain

22. Enter "Yes" or "No" as appropriate.

22a. Explain a "Yes" answer.

23. Have you ever received Medical Disability payments from any source?

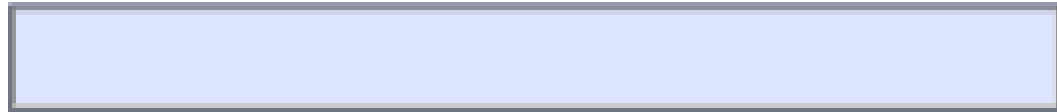
23a. If "yes" explain

22. Enter "Yes" or "No" as appropriate.

22a. Explain a "Yes" answer.

24. Next of Kin

24. NEXT OF KIN



- Enter Nearest Living Relative's Last Name, First Name, Middle Initial and Relationship; i.e., Jones, Pamela D. Mother
- If married, use spouse's information.
- If not married, use a parent or guardian.
- If no living parent or guardian, use an adult sibling, aunt or uncle.

24a. Address of Next of Kin

24b. Phone of Next of Kin

24a. ADDRESS

24b. PHONE

- 24a: Enter the Next of Kin's Address; include street, city, state and ZIP code; i.e., 987 Anyplace Street, Anytown, NY 12345
- 24b: Enter the Next of Kin's phone number; include the area code and do not include any special characters. If overseas, include country code; i.e., 7571234567, 01162212345689. etc.

25. ROTC Host School

25a. FICE Code

- 25. ROTC Host School:
“The Pennsylvania State University”
- 25a. FICE Code: “003329”

26. School of Attendance

26a. FICE Code

If attending University Park campus:

- 26. School of Attendance:
“The Pennsylvania State University”
- 26a. FICE Code: “003329”

If attending Altoona campus:

- 26. School of Attendance:
“Pennsylvania State Altoona”
- 26a. FICE Code: “003331”

27. RESIDENCY STATUS

27. RESIDENCY STATUS

- Enter an “R” if you are resident of Pennsylvania*
- Enter an “N” if you are not a resident of Pennsylvania

*Enter “R” if you paying Penn State at the in-state tuition rate due to special circumstances

28. ACADEMIC CLASS

28. ACADEMIC CLASS

- Enter one of the following:

FR - Freshman

SO - Sophomore

JR - Junior

SR - Senior

GR - Graduate

29. PROJECTED GRADUATION DATE

29. PROJECTED GRADUATION DATE

If graduating in 2023:

- Most non-engineering majors, enter:
6 MAY 23
- Engineering majors, enter:
16 DEC 23

If graduating in 2024:

- Most non-engineering majors, enter:
4 MAY 24
- Engineering majors, enter:
21 DEC 24

30. ACADEMIC MAJOR

30. ACADEMIC MAJOR

- Enter your projected major of study.

[Penn State Majors - Undergraduate Admissions \(psu.edu\)](http://psu.edu)

31. ACADEMIC MINOR

31. ACADEMIC MINOR

- Enter your projected minor of study, if applicable.

32. CREDITS TOWARD DEGREE

32. CREDITS TOWARD DEGREE

- Enter the number of credits that Penn State will count toward completion of your desired degree.
- NOTE: Not all completed classes, transfer classes, or AP credits necessarily count toward degree completion.

33. CREDITS REQUIRED FOR DEGREE

33. CREDITS REQUIRED FOR DEGREE

- Enter the number of credits that you must complete to earn your desired degree.

34. CGPA (COLLEGE)

34. CGPA (COLLEGE)

- Enter your college GPA.
- If this is your first semester, leave blank.

35. OTHER COLLEGES ATTENDED

35a. YEAR(S) ATTENDED

35. OTHER COLLEGES ATTENDED

- Enter the name of any other college or university that you attended as a full-time student.

35a. YEAR(S) ATTENDED

- Enter the number of years you attended the other college or university.

36. HIGH SCHOOL ATTENDED

36a. GRADUATION DATE

36. HIGH SCHOOL ATTENDED

- Name, city, state and ZIP code of the High School from which you graduated.

36a. GRADUATION DATE

- Date that you graduated High School.
(If filling form by hand, use DDMMYY format, e.g. 07JUN15).

37. ROTC SCHOLARSHIP RECIPIENT

37. ROTC SCHOLARSHIP RECIPIENT

- If scholarship recipient, enter “Yes”.
- If not, enter “No”.

37a:

- If scholarship recipient, enter “4 year” or “3 AD”
- If not, Leave 37a blank.

38. OTHER SCHOLARSHIPS

38. OTHER SCHOLARSHIPS



- Note any scholarships other than any from ROTC (name only).

39. JROTC EXPERIENCE

39. JROTC EXPERIENCE

- Enter which branch of JROTC the student participated in, Army, Navy, Air Forces, Marines, and the number of years spent in JROTC; i.e., Army 4 years, Navy 3 years, etc.

PART III - CURRENT OR PRIOR MILITARY SERVICE (TO INCLUDE OFFICER PRODUCING PROGRAMS)

- If you never enlisted in any branch of the military, check the box “NOT APPLICABLE” (Go to PART IV).
- If you never attended a military academy or OCS, check the box “NOT APPLICABLE” (Go to PART IV).
- If one of the above is true, leave the section blank for now and see me later.

42. RELEASE OF INFORMATION

- Read the statement and initial in the block

43. STATEMENT OF CRIMINAL PROCEEDINGS BY CIVIL OR MILITARY AUTHORITIES

When answering these questions, you must include records that are expunged, sealed, set aside, dismissed, or original findings or pleas changed.

- Have you ever been arrested for underage drinking?
- Are you now, or have you ever been, in pre-trial diversion?
- Have you ever received any traffic-related tickets (speeding; parking; seatbelt; other traffic violations) where the fines (not including fees or court costs) have been over \$250?
- Have you had alcohol or drug related driving offenses?
- Have you had 6 or more minor traffic violations (excluding parking violations) in a 12-month period where the fine is \$100 or more per offense?
- Have you had 12 or more minor traffic violations (excluding parking violations) during the previous 3 years where the fine is \$100 or more per offense?
- Have you ever been summoned or indicted into court under civilian or military law as a defendant in a criminal proceeding to include any and all proceedings involving juvenile or adult criminal offenses, but excluding traffic violations which involved a fine or forfeiture of \$250 or less?
- Have you ever been convicted, fined, imprisoned, placed on probation, paroled or pardoned for anything other than traffic violations under \$250?

If you answered NO to all the questions above, initial "The above statement is true."

If you answered YES to any of the first eight questions, initial "The above statement is not true" and explain in the box provided.

44. SUBSTANCE ABUSE

- Read the statements and initial the appropriate block for your situation.
- If you initialed the second or third block, complete the “When” and “How often” boxes.

NOTE: Any future drug use will be grounds for disenrollment from the ROTC Program.

45. RELIGIOUS ACCOMMODATION

- Read the statement and initial in the block

46. CONSCIENTIOUS OBJECTION

- Read the statement and initial the appropriate block for your situation.

"All information given on this form is correct to the best of my knowledge."

- Sign the SIGNATURE OF CADET block in ink.
- By signing this block, you are certifying that all the information on pages 1 and 2 are true.

47. LOYALTY OATH

- Read the oath.
- If you are a scholarship winner, you must agree to the oath and sign and date the form.
- If you are not currently a scholarship winner, you may agree to the oath and sign now or wait until you are offered a contract (scholarship or non-scholarship) later.

PAGES 3-6

- FILL OUT PAGES 1 AND 2 ONLY
- DO NOT MAKE ANY ENTRIES BEYOND PAGE 2