PURDUE
UNIVERSITY

Department of Naval Science

From:: NROTC Purdue University Staff
To:: Incoming Scholarship Students

Subj: NROTC PURDUE REQUIRED PAPERWORK FOR INCOMING STUDENTS ON SCHOLARSHIP

1. The following documents must be completed in order to participate as a Midshipman in the NROTC program with a National NROTC Scholarship. PLEASE SUBMIT THESE DOCUMENTS BY **JUNE 26, 2026**.

2. You must bring your **original** birth certificate **and** social security card to the first day of New Student Orientation (NSO); copies of these documents will not be accepted. If you possess a passport, please also bring this with you. You will also need to provide a copy of your current immunization records.

3. If any information needs to be handwritten on the attached forms, please ensure you use black ink, print legibly in all capital letters, and sign all required signature spots in black ink. If you have any questions regarding the completion of any forms attached to this file please contact our Human Resource/Admin Department. They may be reached either at nrotcadmin@purdue.edu or 765-494-2063 / 765-494-2067.

4. General guidance on the purpose of each of the forms included in this package:
   a. Scholarship Student Letter of Understanding (pages 3-4):
      i. This form is to confirm that you understand several important basic policies and procedures of the NROTC program.
   b. Authorization of Release of Student Information (page 5):
      i. This form allows Purdue NROTC Staff to access your Purdue University Records. If you are under the age of 18, this must be signed by you and your legal guardian.
   c. Corporate Electronic Funds Transfer (CEFT) Form (page 6):
      i. This form allows NROTC to have your bank account information on file for necessary reimbursements.

Please mail or FedEx your completed paperwork to:

Human Resources/Admin Department
Naval ROTC Purdue University
812 Third St
West Lafayette, IN 47907-2006
ATTN: Scholarship Student Paperwork

If you have any questions OR wish to submit your package electronically, you can contact us at nrotcadmin@purdue.edu or (765) 494-2063 / (765) 494-2067. Please **DO NOT** email your package as it will contain Personally Identifiable Information; you will be given electronic submission instructions once you contact our office.

//Signed//
NROTC Staff
NROTC Purdue University

PURDUE
UNIVERSITY
Department of Naval Science

Scholarship Student Letter of Understanding

Name: _____ SSN: _____ Student ID#: _____
(Last, First MI)

Navy Option: ☐ Marine Option: ☐

This letter has been drafted to help clarify some of the more common misconceptions experienced by scholarship students in the past. This is not a complete list of scholarship guidelines, just a few of the more important ones. Please initial in the block to the right of each paragraph after reading.

"I understand that I have accepted a Navy Scholarship and that all required tuition and lab fees for my degree plan will be paid by the Department of the Navy. I will receive a book stipend each semester as well as a monthly subsistence stipend." ☐

"I understand that ALL Naval Science books must be returned to the NROTC Unit during the designated time frames at the end of each semester, unless prior retention approval is granted. Failure to do so may result in the withholding of grades, tuition, stipend and possible disciplinary action.(Uniforms not included)" ☐

"I understand the Commanding Officer can approve Summer School tuition, However I must request this through my Company Officer and notify the HRA/ Supply Officer after approval. This does not obligate me to attend and is only for the processing of the proper budget request." ☐

"I understand that it is my responsibility to keep my personal contact information up to date with the NROTC Unit and with Purdue University." ☐

"I understand that I am required to return the Purdue University Intent to Attend Class form prior to the assigned deadline each semester. If I fail to do so I could be dropped from all registered classes. I will be required to pay any late registration fees that are incurred as a result. If I do not receive the form, I will contact Purdue University to confirm my registration for next semester's classes." ☐

"I understand that I am responsible for paying any of the following fees: Lab fees for subjects not required by my major, late registration fees, late payment fees, parking fees and tickets, food charges and room and board fees. If I have questions regarding any fees I will contact my Company Officer." ☐

“I understand that I am required to provide my Company Officer of the NROTC unit a schedule of my classes each semester and whenever it is revised. If I desire to take any courses at a University or College other than Purdue I must first contact my Company Officer and request permission from the Commanding Officer, if I register prior to permission being granted I will be responsible for all tuition, books and fees.” ☐

“I understand I am not to obligate myself with the expectation of reimbursement without prior approval from the Commanding Officer and proper documentation from the Supply Officer.” ☐

“I understand that the Military Service Obligation is a minimum of five years and will not commence until I begin my commission, if I fail to obtain a commission and choose to enlist my Military Service Obligation may be adjusted to account for time participated in the NROTC program.” ☐

I, _____, acknowledge the above scholarship guidelines, and that the NROTC Unit will hold me accountable.”

_____ _____

Signature Date

NROTC Purdue
Information Release Authorization

PERSONAL INFORMATION:

Name: _____ SSN: _____ Student ID#: _____
(Last, First MI)

Date of Birth: _____ Enrollment Date: _____ Estimated Grad Date: _____
DDMMMYYYY

_____
Date

From: _____ SSN: _____ Student ID#: _____

To: WHOM IT MAY CONCERN

Subj: AUTHORIZATION OF RELEASE OF STUDENT INFORMATION

1. I, _____, hereby authorize the release of information from any of my university records, including official and operational transcripts, to the Department of Naval Sciences, Purdue University.

_____ _____
Signature Date

If under 18 years of age:

_____
Print Name of Legal Guardian

_____ _____
Signature of Legal Guardian Date

This form is CUI-PRIVSEN when filled in

Corporate Electronic Funds Transfer (CEFT) Form

**** ALL FIELDS ARE REQUIRED. PLEASE TYPE ALL FIELDS EXCEPT SIGNATURE. ****

Payee Name (Exactly as filed with IRS) _____

SSN _____ or EIN/TIN/DUNS/CAGE CODE _____

Status Code:
Corporation? Answer Y/N N
DoD connected? Answer Y/N Y
Individual? Answer Y/N Y

Payee **MAILING** Address: _____

City _____ State _____ Zip _____

Payee Bank Name _____

Payee Bank Address _____

City _____ State _____ Zip _____

Payee Bank Telephone Number _____

ACH Nine-Digit Routing Transit Number _____

Depositor (Payee) Account Number _____

Type of Account (Checking or Savings) _____

Payment Format (CTX, CCD, or PPD) N/A

Account Holder's Name _____

Account Holder's Signature X _____

POC Name (for the Payee) _____

POC Phone Number _____

POC Email Address _____

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to collect information used to make payment pursuant to the Personnel Claims Act. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.