

**NAVAL STAFF COLLEGE/NAVAL COMMAND COLLEGE  
Student Enrollment Information**

<i>Class Convening Date</i> (Month/Year)	<i>NSC / NCC</i> (Circle one)	<i>Country</i>	
<b><i>I. Student Information</i></b>			
<i>Full Name on Passport</i>			
<i>Preferred First Name</i>			
<i>Preferred Last Name</i>			
<i>Nickname</i>			
<i>Current Address in-country</i>			
<i>Current E-mail address In-Country</i>			
<i>Current Phone Number In-Country</i>			

<b><i>II. Military Information</i></b>			
<i>Present Rank</i>			
<i>Date of Present Rank</i>			
<i>Source of Commission and year</i>			
<i>Military Specialty</i> (Surface Warfare, Aviation, Communications, etc.)			
<i>Secondary Specialty or Areas of Additional Experience</i>			
<i>Previous 3 Assignments</i>	<i>Location</i>	<i>Title</i>	<i>Dates</i>
1.			
2.			
3.			
<i>Official Name of Your Country's Navy</i>			

<b><i>III. Military Service Schools (list military-related professional schools)</i></b>	
<i>School</i>	<i>Date of Graduation</i>
1.	
2.	
3.	
For NCC students: if you are a Naval Staff College alumnus, what class number (or year) did you attend NSC?	

<b>IV. Education (list military academies, universities, US schools)</b>		
<b>Institution</b>	<b>Date of Graduation</b>	<b>Degree</b>
1.		
2.		
3.		

<b>V. Security Information</b>	
<b>Date of Birth</b>	
<b>Place of Birth</b>	
<b>Passport Number</b>	

<b>VI. Family Members (Complete this section only if your family will be joining you for some or all of the course)</b>		
<b>Spouse's Name (first, last) (Include Nickname if Applicable) and Birth Date</b>		
<b>Children's Names</b>	<b>Sex</b>	<b>Birthdate</b>
1.		
2.		
3.		
4.		
<b>Will your family be with you the entire course?</b>		
<b>If not, list dates that spouse and children will reside in Newport.</b>		
<b>Do you desire government housing?</b>		
<b>Do your family members have medical insurance coverage including pregnancy insurance?</b>		

<b>VII. Other Information</b>	
<b>Military or Naval Attaché Name</b>	
<b>Military or Naval Attaché Phone Number</b>	
<b>English Comprehension Exam Date</b>	
<b>Date of National or Independence Day Celebration</b>	
<b>Hobbies</b>	
<b>Dietary Restrictions?</b>	

<b>VIII. Arrival Information</b>	
<b>Date of Arrival</b>	
<b>Flight Information</b> (airport, airline, flight number and time of arrival)	
<b>If you will be arriving by other means, please describe</b>	

<b>IX. Post-Arrival Information</b> (to be completed upon arrival in Newport)	
<b>SSN (ID Card)</b>	
<b>Local Address</b>	
<b>Local Phone Number</b> (include CBH extension)	

Return this form as soon as possible after designation to attend the Naval Command College or the Naval Staff College.

	NCC:	NSC:
Mail to:	Naval Command College (IH) 686 Cushing Road Newport, RI 02842	Naval Staff College (IJ) 686 Cushing Road Newport, RI 02842
Fax:	(401) 841-6469	(401) 841-6469
E-mail:	ncc@usnwc.edu	nsc@usnwc.edu

Complete circled items only and fax to (401) 841-6469

<b>APPLICATION FOR ASSIGNMENT TO HOUSING</b> <small>(Before completing form, read Privacy Act Statement and Instructions on reverse)</small>				<b>1. TYPE SERVICE DESIRED</b> <i>(X one or both)</i>	
				a. MILITARY HOUSING	b. HOUSING
<b>SECTION I - APPLICANT INFORMATION</b>					
<b>2. NAME OF SPONSOR</b> <i>(YOUR Last, First, Middle Initial)</i>		<b>3. PAY GRADE</b>	<b>4. SSN</b>	<b>5. DOD COMPONENT</b>	
<b>6. ADDRESS</b> <i>(Street, City, State, Zip Code)</i>		<b>7. TELEPHONE NUMBER</b>		<b>8. STATUS OF APPLICANT</b> <i>(X one)</i>	
		a. HOME <i>(Area Code)</i>	b. DUTY <i>(DSN)</i>	a. MILITARY MEMBER	c. CIVILIAN
		<b>9. MARITAL STATUS</b>		<b>10. I AM SEPARATED FROM MY DEPENDENTS</b> <i>(X one)</i>	
				a. VOLUNTARILY	b. INVOLUNTARILY
<b>11. I REQUEST HOUSING FOR</b> <i>(X one)</i>		<b>SECTION II - MILITARY CAREER INFORMATION</b> <i>(Civilians skip to Item 15.)</i>			
a. SELF ONLY	b. SELF AND DEPENDENTS	<b>14. DATES</b> <i>(Enter in YYMMDD order)</i>		MILITARY APPLICANT	MILITARY SPOUSE
<b>12. INSTALLATION/ORGANIZATION TRANSFERRED FROM</b>		a. EFFECTIVE RANK/RATE DATE			
<b>13. INSTALLATION/ORGANIZATION TRANSFERRED TO</b>		b. ACTIVE DUTY SERVICE COMPUTATION			
		c. TIME REMAINING ON ACTIVE DUTY			
		d. EFFECTIVE CHANGE IN DUTY STATION			
		e. REPORT DATE			
		f. ESTIMATED FAMILY ARRIVAL DATE			
<b>SECTION III - DEPENDENT DATA</b>					
<b>15. DEPENDENTS RESIDING WITH ME</b> <i>(If more space is needed, continue on plain paper.)</i>					
a. NAME <i>(Last, First, Middle Initial)</i>	b. DATE OF BIRTH <i>(YYMMDD)</i>	c. SEX	d. RELATIONSHIP	e. REMARKS <i>(Handicap, health problems, expected additions to family, etc.)</i>	
<b>SECTION IV - HOUSING DATA</b>					
<b>16. COMMUNITY HOUSING DESIRED</b> <i>(X as applicable)</i>					
a. PURCHASE HOUSE	d. RENT HOUSE	g. RENT MOBILE HOME SPACE		j. ROOM AND BOARD	
b. PURCHASE CONDOMINIUM	e. RENT APARTMENT	h. SHARE		k. SUBLET	
c. PURCHASE MOBILE HOME	f. RENT MOBILE HOME	i. RENT ROOM		l. TRANSIENT	
<b>17. AMENITIES DESIRED</b> <i>(X as applicable. Write number in d. and e.)</i>		<b>18. DATE HOUSING NEEDED</b> <i>(YYMMDD)</i>		<b>19. PRICE RANGE</b> <i>(Community Housing)</i>	
a. FURNISHED	e. NO. BATHS				
b. UNFURNISHED	f. PETS <i>(Allowed)</i>				
c. AIR CONDITIONING	g. OTHER <i>(Explain)</i>	<b>20. LOCATION PREFERENCE</b> <i>(Community Housing)</i>			
d. NO. BEDROOMS					
<b>21. REMARKS</b>					
**Pets: Please list type (dog or cat) and number of each _____					
<b>22. SIGNATURE OF APPLICANT</b>				<b>23. DATE SUBMITTED</b> <i>(YYMMDD)</i>	
<b>SECTION V - DISPOSITION</b> <i>(To be completed by the Housing Office.)</i>					
<b>24. MILITARY HOUSING</b>					
a. APPLICATION RECEIVED <i>(YYMMDD and time)</i>	b. APPLICATION EFFECTIVE <i>(YYMMDD)</i>	c. DD FORM 1747 PROVIDED <i>(YYMMDD)</i>	d. HOUSING AVAILABILITY <i>(Boxes indicated on DD Form 1747)</i>		
e. APPLICANT PLACED ON WAITING LIST	f. EFFECTIVE PLACEMENT <i>(YYMMDD)</i>	g. BEDROOMS REQUIRED	h. DATE UNIT ASSIGNED <i>(YYMMDD)</i>		
<b>SECTION VI - HOUSING REFERRAL CERTIFICATE</b>					
On this date I have received a listing of the housing restrictions approved by the Installation Commander, and I will not reside in any property on the restricted list. I have been briefed on (1) the services provided by the Housing Office, (2) the DoD program on equal opportunity for military personnel in off-base housing, and (3) nondiscrimination based on physical or mental handicaps.			In addition, if any facility refuses to rent or sell to me or I have reason to believe I am being discriminated against, I will promptly notify the Housing Office.		
			<b>25. SIGNATURE OF APPLICANT</b>		<b>26. DATE SIGNED</b> <i>(YYMMDD)</i>