

**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>	
<i>I. Student Information</i>			
<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>			

<i>II. Military Information</i>			
<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>			

<i>III. Military Service Schools (list military-related professional schools)</i>	
<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?	

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

V. Security Information	
Date of Birth	
Place of Birth	
Passport Number	

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

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

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

IX. Post-Arrival Information (to be completed upon arrival in Newport)	
SSN (ID Card)	
Local Address	
Local Phone Number (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

APPLICATION FOR ASSIGNMENT TO HOUSING <small>(Before completing form, read Privacy Act Statement and Instructions on reverse)</small>				1. TYPE SERVICE DESIRED <i>(X one or both)</i>	
		<input type="checkbox"/> a. MILITARY HOUSING	<input type="checkbox"/> b. HOUSING		
SECTION I - APPLICANT INFORMATION					
2. NAME OF SPONSOR <i>(YOUR Last, First, Middle Initial)</i>		3. PAY GRADE	4. SSN	5. DOD COMPONENT	
6. ADDRESS <i>(Street, City, State, Zip Code)</i>		7. TELEPHONE NUMBER		8. STATUS OF APPLICANT <i>(X one)</i>	
		<input checked="" type="radio"/> a. HOME <i>(Area Code)</i>	b. DUTY <i>(DSN)</i>	<input type="checkbox"/> a. MILITARY MEMBER	<input type="checkbox"/> c. CIVILIAN
		9. MARITAL STATUS	10. I AM SEPARATED FROM MY DEPENDENTS <i>(X one)</i>		
			<input type="checkbox"/> a. VOLUNTARILY	<input type="checkbox"/> b. INVOLUNTARILY	
11. I REQUEST HOUSING FOR <i>(X one)</i>		SECTION II - MILITARY CAREER INFORMATION <i>(Civilians skip to Item 15.)</i>			
<input type="checkbox"/> a. SELF ONLY	<input type="checkbox"/> b. SELF AND DEPENDENTS	14. DATES <i>(Enter in YYMMDD order)</i>		MILITARY APPLICANT	MILITARY SPOUSE
12. INSTALLATION/ORGANIZATION TRANSFERRED FROM		<input checked="" type="radio"/> a. EFFECTIVE RANK/RATE DATE			
		b. ACTIVE DUTY SERVICE COMPUTATION			
13. INSTALLATION/ORGANIZATION TRANSFERRED TO		c. TIME REMAINING ON ACTIVE DUTY			
		d. EFFECTIVE CHANGE IN DUTY STATION			
		<input checked="" type="radio"/> e. REPORT DATE			
		f. ESTIMATED FAMILY ARRIVAL DATE			
SECTION III - DEPENDENT DATA					
15. DEPENDENTS RESIDING WITH ME <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>
SECTION IV - HOUSING DATA					
16. COMMUNITY HOUSING DESIRED <i>(X as applicable)</i>					
<input type="checkbox"/> a. PURCHASE HOUSE	<input type="checkbox"/> d. RENT HOUSE	<input type="checkbox"/> g. RENT MOBILE HOME SPACE	<input type="checkbox"/> j. ROOM AND BOARD		
<input type="checkbox"/> b. PURCHASE CONDOMINIUM	<input type="checkbox"/> e. RENT APARTMENT	<input type="checkbox"/> h. SHARE	<input type="checkbox"/> k. SUBLET		
<input type="checkbox"/> c. PURCHASE MOBILE HOME	<input type="checkbox"/> f. RENT MOBILE HOME	<input type="checkbox"/> i. RENT ROOM	<input type="checkbox"/> l. TRANSIENT		
17. AMENITIES DESIRED <i>(X as applicable. Write number in d. and e.)</i>		18. DATE HOUSING NEEDED <i>(YYMMDD)</i>		19. PRICE RANGE <i>(Community Housing)</i>	
<input type="checkbox"/> a. FURNISHED	<input type="checkbox"/> e. NO. BATHS				
<input type="checkbox"/> b. UNFURNISHED	<input type="checkbox"/> f. PETS <i>(Allowed)</i>				
<input type="checkbox"/> c. AIR CONDITIONING	<input type="checkbox"/> g. OTHER <i>(Explain)</i>	20. LOCATION PREFERENCE <i>(Community Housing)</i>			
<input type="checkbox"/> d. NO. BEDROOMS					
21. REMARKS					
**Pets: Please list type (dog or cat) and number of each _____					
22. SIGNATURE OF APPLICANT				23. DATE SUBMITTED <i>(YYMMDD)</i>	
SECTION V - DISPOSITION <i>(To be completed by the Housing Office.)</i>					
24. MILITARY HOUSING					
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>	
SECTION VI - HOUSING REFERRAL CERTIFICATE					
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.		
			25. SIGNATURE OF APPLICANT		26. DATE SIGNED <i>(YYMMDD)</i>