DRUG STATEMENT FOR ENLISTED TO OFFICER/NROTC APPLICANTS

If the answer to block 14 of "MCRC Regular Officer Programs (ON/E) Application and Program Information Sheet" is "YES", set forth the full circumstances below, including approximate times, amounts taken, and period over which taken.

a. Type of drug (or drugs) used: _____

b. Approximate number of times used: _____

c. Amounts taken: _____

d. Methods by which taken: _____

e. Inclusive dates of use (be specific): _____

f. Were you convicted or arrested for the drug use admitted?

_____

g. Circumstances under which the drug use occurred (attach additional sheets if necessary):

_____ _____ _____

(Signature of witnessing Officer) DATE (Signature of Applicant)

NAME: (LAST, FIRST, MIDDLE) SSN PROGRAM

MECEP