

**CAREER INTENTIONS QUESTIONNAIRE**

From: \_\_\_\_\_  
(RATE/NAME) (UNIT)

To: Commanding Officer, Navy Operational Support Center, Newport

Subj: REENLISTMENT/EXTENSION/DISCHARGE

I HEREBY REQUEST: ( ) REENLISTMENT ON \_\_\_\_\_ FOR 2 3 4 5 6 YEARS  
( ) EXTEND MY ENLISTMENT FOR 24 36 48 MONTHS ON \_\_\_\_\_  
( ) DISCHARGE AT MY EOS

\_\_\_\_\_  
**SAILOR'S SIGNATURE/DATE**

**UNIT CAREER COUNSELOR ENDORSEMENT:**

SAILOR HAS BEEN COUNSELED ON THE DIFFERENCE OF REENLISTMENT/EXTENSION? Y N  
SAILOR IS ELIGIBLE FOR INCENTIVE BONUS? Y N  
SAILOR IS ELIGIBLE FOR SELRES G.I. BILL? Y N  
SAILOR WILL REACH HIGH YEAR TENURE? Y N  
NAME, RANK AND TITLE OF REENLISTING OFFICER: \_\_\_\_\_

\_\_\_\_\_  
UNIT CAREER COUNSELOR'S SIGNATURE

\_\_\_\_\_  
DATE

**NOSC'S MEDICAL OFFICER ENDORSEMENT:**

SAILOR WAS EXAMINED ON \_\_\_\_\_ AND FOUND PHYSICALLY/NOT PHYSICALLY QUALIFIED. (IF NOT PHYSICALLY QUALIFIED, STATE REASON ON REVERSE)

\_\_\_\_\_  
MEDICAL OFFICER'S SIGNATURE

\_\_\_\_\_  
DATE

**UNIT COMMAND ENDORSEMENT:**

SAILOR IS RECOMMENDED/NOT RECOMMENDED FOR REENLISTMENT/EXTENSION.

\_\_\_\_\_  
COMMANDING OFFICER'S SIGNATURE

\_\_\_\_\_  
DATE

**This form is to be returned to the NOSC 30-60 days prior to date stated above. The Medical Officer may require the Sailor to be examined before the above data occurs.**