

**APPLICATION FOR RENEWAL OF EDUCATIONAL DELAY FROM ENTRY ON ACTIVE DUTY  
AND VERIFICATION OF ENROLLMENT IN GRADUATE OR PROFESSIONAL SCHOOL**

**NOTIFICATION. UNDER THE PRIVACY ACT OF 1974**

The Social Security Number (SSN) and current mailing address requested under Part 1 on this form are mandatory under Title 10, US Code, Section 275, 1001, and 4301. These items will be used for purpose of identification and maintenance. Failure to provide these items may result in the removal from delayed entry status, and subject the member to be called to active duty.

**PART 1 - ADDRESS INFORMATION**

<b>1. NAME</b> (Last, First, MI)		<b>2. RANK</b>	<b>3. SOCIAL SECURITY NUMBER - LAST FOUR</b>
<b>4. STREET ADDRESS</b>		<b>5. CITY-STATE-ZIP CODE</b>	
<b>6. TELEPHONE NUMBER</b> (include Area Code) (H) (W)	<b>7. BRANCH</b> (e.g. Inf, AG) DL/MSC	<b>8. EMAIL ADDRESS</b>	

**PART II - DELAY INFORMATION**

<b>9: MAJOR FIELD OF GRADUATE STUDY</b>	<b>10. DEGREE OBJECTIVE</b> (Check one) <input type="checkbox"/> MA or MS <input type="checkbox"/> PhD <input type="checkbox"/> Other	<b>11. NAME AND ADDRESS OF INSTITUTION IN WHICH CURRENTLY ENROLLED</b>
<b>12. DATE DEGREE EXPECTED TO BE AWARDED</b> (Month and Year)	<b>13. DATE DELAY TO COMMENCE</b> (Month and Year) <b>JUNE</b>	<b>14. DATE DELAY TO END</b> (Month and Year) Note: Renewal cannot exceed 1 year from Delay Commencement <b>JUNE</b>

**PART III - DELAY NOT REQUESTED**

<b>15. I DO NOT INTEND TO APPLY FOR RENEWAL</b> SIGNATURE:	DATE:
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**PART IV - CONDITIONS & MEDICAL CERTIFICATE**

**16. I agree to the conditions below if my request for renewal of delay is approved:**

- a. The determination as to whether I will serve on active duty for training as set forth in the Supplemental Agreement attached hereto upon termination of my delay status rests with the Department of the Army.
- b. I will be required to serve on active duty or active duty for training and in the Army Reserve as set forth in the Supplemental Agreement attached hereto.
- c. I may be subject to transfer or reappointments to a different branch of service which would be more consistent with my post graduate subject discipline and military requirements.
- d. My delay status may be terminated at any time by the Department of the Army because of overriding military requirements.
- e. I will not be authorized delay for educational reasons when I obtain the degree indicated in item 10 of this form.
- f. My active duty availability date will be the month following the month and year indicated in item 12, unless I am authorized further delay for other reasons, and I will be scheduled for active duty as soon as possible after my active duty availability date.
- g. I realize that this is an annual renewal and cannot exceed one year from the date of commencement indicated in item 12 of this form.

**17. CERTIFICATE OF PHYSICAL CONDITION. I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT I HAVE NO MEDICAL CONDITION OR PHYSICAL DEFECT WHICH WOULD PREVENT MY PERFORMANCE OF ACTIVE MILITARY SERVICE EXCEPT AS FOLLOWS:**

YES / NO

If your answer is YES please provide supporting documents or attach them.

<b>SIGNATURE OF APPLICANT</b>	<b>DATE SIGNED</b>

**INSTRUCTIONS - Please Print of Type**

**PART I - ADDRESS INFORMATION** - All items in Part I are to be completed. Please type or print legibly your name and complete address, including zip code, since this will be used for mailing purposes.

**PART II - DELAY INFORMATION** -Items 9 thru 14 are to be completed by each officer requesting renewal of educational delay.

**PART III - DELAY NOT REQUESTED** - Item 15 is to be completed only if officer is not requesting renewal of educational delay.

**PART IV - CONDITIONS & MEDICAL CERTIFICATE** - Items 16 thru 17 should be carefully read and then signed by each officer requesting renewal of educational delay. Any medical condition or physical defects indicated must be accompanied by 8 statemnt-from your doctor or to support your claim. Such statement must include diagnosis; date of illness or injury; prognosis; expected date of recovery; and whether the disabilit is Considered temporary or permaned in nature.

**RETURN COMPLETED FORM TO** U.S. Army Human Resources Command, ATTN: AHRC-OPH-PAI Incentives Branch,  
1600 Spearhead Division Ave Dept #270, Fort Knox, KY 40122

**WARNING:** Emailing of this information is at the discretion of the applicant and uses the applicant's email system. Womack Army Medical Center does NOT assume any liability for the interception of the information contained on this form. Use the following site for encrypting any emails sent to WAMC: <https://safe.amrdec.army.mil/SAFE/Welcome.aspx>