

AGREEMENT TO EXTEND ENLISTMENT

NAME: _____ SSN: _____ BR/CL: _____

Having enlisted in the UNITED STATES NAVY/NAVY RESERVE on _____ for _____ years, I do voluntarily agree to (further) extend my enlistment for _____ months, (REASON: SCHOOL _____ OTHER _____) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be _____. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totaling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated:

UIC: _____ STATUS: ACTIVE: _____ INACTIVE: _____ RATE: _____

COMBAT ZONE: _____ PEBD: _____ TOTAL AGGREGATE MOS: _____

SHIP OR STATION: _____

LOCATION OF SHIP OR STATION: _____

SIGNATURE OF MEMBER _____
FIRST MIDDLE LAST

Witnessed and accepted

on behalf of the UNITED STATES NAVY

this _____ day of _____, A.D. 20 _____

SIGNATURE AND GRADE: _____ TITLE: _____
(CERTIFYING OFFICER'S NAME AND RANK)

CANCELLATION OF EXTENSION TO EXTEND ENLISTMENT

THE EXTENSION IDENTIFIED HEREON FOR _____ MONTHS, IS CANCELLED EFFECTIVE _____

AUTHORITY: _____

SIGNATURE AND GRADE: _____
(CERTIFYING OFFICER'S NAME AND RANK)