

AGREEMENT TO EXTEND ENLISTMENT

NAME: _____ SSN: _____ BR / CL: _____

Having enlisted in the UNITED STATES NAVY / NAVAL 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 totalling 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 NAME AND RANK)

CANCELLATION OF EXTENSION TO EXTEND ENLISTMENT

THE EXTENSION IDENTIFIED HEREON FOR _____ MONTHS, IS CANCELLED EFFECTIVE _____.
AUTHORITY: _____.

**** SIGNATURE AND GRADE: _____
(CERTIFYING OFFICER NAME AND RANK)