# Army ROTC October 29th-30th Shadow Day Visit

*Please type or write legibly then scan and email this completed form, the Marquette University Parental Consent Form, and the Army Waiver to* **reuben.sotolongo@marquette.edu** *no later than Sunday October 11, 2020***.**

**Name**: _____

**Home Address:** _____

_____

**Phone Number:** _____

**Email Address**: _____

**Please Circle:** MALE FEMALE

**High School (HS) Name:** _____

**HS Year of Graduation, City, and State:** _____

**I am interested in the following school(s)** *(please circle)***:**

*Marquette University* *Concordia University Wisconsin*

*UW- Milwaukee* *UW-Parkside*

*Milwaukee School of Engineering* *Undecided/Other:* _____

**What major are you interested in pursuing?** _____

**What specific questions do you have about Army ROTC and the Golden Eagle Battalion?**

_____

_____

**What things would you like to see or do while on campus?**

_____

_____

**T-Shirt Size** *(please circle)***:** SMALL MEDIUM LARGE X-LARGE

**Shoe Size:** _____

**Allergies/Medication/Medical Information:**

_____