



Army ROTC Shadow Day Visit

Please type or write legibly then scan and email this completed form and the Army Waiver
email to armyrotc@marquette.edu

Name: _____

Home Address: _____

Phone Number: _____

Email Address: _____

Please Circle: MALE FEMALE

Date of Birth (month/year): _____

High School (HS) Name, City and State: _____

HS Year of Graduation: _____

Are you interested in attending one of our schools? (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?

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

Allergies/Medication/Medical Information:

Emergency Contact (Name/Relationship/Phone):