



# 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)

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**CANCELLATION OF EXTENSION TO EXTEND ENLISTMENT**

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

\*\*\*\* SIGNATURE AND GRADE: \_\_\_\_\_  
(CERTIFYING OFFICER NAME AND RANK)