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MIDSHIPMAN ACTION FORM

TYPE: FAVORABLE/UNFAVORABLE DATE: _____

MIDN BEING COUNSELED: _____

SURNAME INITIALS PLT

MIDN PERFORMING COUNSELING: _____

SURNAME INITIALS PLT

REASON FOR COUNSELING: _____

REMARKS:

MIDN EXPLANATION:

AMOI COMMENTS:

MIDN SIGNATURE: _____ COUNSELOR'S SIGNATURE:

AMOI SIGNATURE: _____