



United States Military Academy School Official's Evaluation of Candidate

Form Approved -OMB# 0702-0061 Expires 2/28/2006

The public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate of Information Operations and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with the collection of Information if It does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form to Admissions, U.S. Military Academy, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 10996-1905.

PRIVACY ACT STATEMENT. AUTHORITY: Title 5 USC, Ch 403 Sec 4346, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101; EO 0397. PRINCIPAL PURPOSE: Coffection of data on Academy candidate for opening a file. ROUTINE USE: To gather information on a candidate in order to open a file for admission to West Point. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment.

FOLLOW THE	SE STEPS	IN FILLIN	G OUT	THIS I	FORM:

1)	Use a black	c ball	point pen	only.	Do not	use felt	tip pe	n or	pencil.	Do	not	slash	your	0's,	7's,	or 2	Z's
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2) Completely fill in all bubbles: A B C D E

3) For optimum accuracy, write block style without touching sides:

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- 4) If you make an error, completely cross out entry and re-write.
- 5) Do not send in a photo copy of this form. Only the original will be read.
- 6) Give this form to the instructors specified in your Instructions for Applicants.
- 7) Do not staple this form.

Candidate Data

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★U.S. GOVERNMENT PRINTING OFFICE: 2004-611-087





School Official Data

Your Position:

Please eval If you disa	uate the candidate using the following statements and specify the degree to who gree or disagree strongly (4 or 5 rating) with any statement, please explain	ich you agree with each statement. in the remarks section below.
l=Agree	Strongly, 2=Agree; 3=Neither agree nor disagree; 4=Disagree; 5=Disagree	ree Strongly
This car	ndidate has demonstrated an ability to:	
	1. Show interest and concern for the welfare of others.	
e de la constanta de la consta	2. Work effectively with others toward group goals.	
	3. Influence others in a positive manner.	
	4. Communicate effectively in face to face discussion.	
	5. Communicate effectively in written work.	
·	6. Set an example of good conduct for others.	
	7. Set high standards for own performance in a number of	activities.
	8. Maintain composure and perform effectively under pres	sure.
**	9. Adjust to demanding schedule of activities without negle	ecting school work.
	10. Seek academic challenge beyond that required by norm	nal course work.
	11. Reach sound logical conclusions based on analysis of t	facts.
	12. Accept full responsibility for own actions.	
_	rou feel this candidate will perform at the college level in your area. ace, use another sheet of paper. Thank you for your time, concern and c	coperation.
	equest confidentiality as a condition for providing information about this your identity will be disclosed. Please choose one of the options to the right.	O I prefer my identity remain confidentie O My identity may be disclosed
<u> </u>	Printed Name, Title and School	









United States Military Academy Request for High School Transcript

Form Approved -OMB# 0702-0061 Expires 2/28/2006

The public reporting burden for this collection of information is estimated to average 42 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and mainteining the data neceded, and completing and reviewing the collection information. Send comments regarding this burden estimate or say other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for information Operations and Reports (0782-006)), 12 (5 Jefferson Davis Highway, Sulie 1204, Artington, VA 22262-4502. Respondents should be aware that notwithstanding say other provision of law, no person shall be subject to any pensity for failing to comply with the collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completes form to Admissions, U.S. Milhtery Academy, Official Mall and Distribution Center, 646 Swift Road, West Point, NY 18996-1905.
PRIVACY ACT STATEMENT, AUTHORITY: Title 5 USC, Ch 403 Sec 4346, Ch 505 Sec 5031, Ch 603 Sec 6938; Title 44 USC 3101: EO 0397. PRINCIPAL PURPOSE: Collection of data on Academy candidate for opening a file. ROUTINE USE:

To gather information on a candidate in order to open a file for admission to West Point. DiSCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment.

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First Name M.I. Last Name Candidate Signature:	To Be Completed By Ca	Social S 1 000 2 000 3 000 4 000 5 000 6 000 7 000 8 000	00 0000 00 0000 00 0000 00 0000
The student named above is applying fo as possible. West Point uses a transcript grades received, it is essential that the transcript submitted before the completion of first as soon as available. Return completed the completed the completed the completed the complete the compl	of grades in reviewing a candidat anscript reflect rank in class, test semester of the senior year, please	cademy. Please complete the cademy. Please complete the core could be complete acate furnish a report of the first	urses taken (or in progress) and demic record. If this form is semester grades to the Academy
High School Class Rank out of Class Size O Top 10%	SAT Verbal SAT Man Grade Point Is this Based on a 4	Average: .	Math ACT Reading ACT Science/Reasoning
Absence of rank will result in an incomplete file and halt processing. O Top 50% O Lower 50%	By graduation, this stu	Pre. Cal	Iculus / Calculus OOO Trigonometry OOO OO
Number of semesters shown on transcript: Plea	se attach a copy of the course	this student is/will be t	aking in his/her senior year.

shown on transcript:



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United States Military Academy Candidate Personal Data Record

Form Approved -OMB# 0702-0060 Expires 2/28/2006

Public reporting burden for this collection of information is estimated to average 18 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate of Information Operations and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with the collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form to Admissions, U.S. Military Academy, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 10996-1905.

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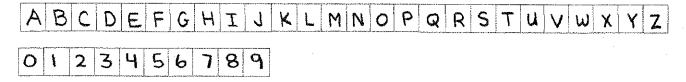
FOLLOW THESE STEPS IN FILLING OUT THIS FORM:

1	Use a black ball	point pen onl	y. Do not use felt ti	p pen or pencil.	. Do not slash	your 0's, 7's,	or Z's.
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2) Completely fill in all bubbles:

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E

3) For optimum accuracy, write block style without touching sides:



- 4) If you make an error, completely cross out entry and re-write.
- 5) Do not send in a photo copy of this form. Only the original will be read.

The following instructions pertain to specific fields on the form:

Race: Please use the codes shown at the bottom of this instruction sheet.

Ethnicity: Please use the codes shown on the reverse of this instruction sheet. If you do not know your ethnic origin, use "Z" for "unknown"; if you do not identify with a particular ethnic group, use "X" for "other".

Citizenship: Bubble the appropriate answer under the question "Are you a U.S. citizen?", then fill in either City of Birth and State (if born in the U.S.) or City of Birth and Country (if born overseas). If born in the U.S. or one of the territories authorized to give nominations, use the codes on the reverse of this instruction sheet. If born overseas, print the name of the country in the appropriate field.

Rank/Rate (Military Status of Parents): Please use the codes on the reverse of this instruction sheet. If you do not know your parent's rank or rate, use code "UNK" for "unknown". If you will be seeking an appointment under Presidential or Children of Deceased or Disabled Veterans categories, you must supply the appropriate documentation.

Race group:	Definition:	Code:
American Indian	having origins in any of the original peoples of North America	R
Asian	having origins in any of the original people of Asia, including China, Japan, and Korea	M
Black	having origins in any of the Black racial groups of Africa or other areas	В
Hispanic	having origins in any of the original peoples of Spain, Central or South America	S
White	having origins in any of the original peoples of Europe, North Africa or the Middle East	C
Other	of a race not included above	X
Unknown	do not know background	Z

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United States Military Academy

Candidate Personal Data Record OMB

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If yes, cite name of schoo		_	-	_			n or conege:		○ Yes	O No
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Have you ever been If yes, give complete descrip resulted in a court conviction visiting the Clerk of Court) candidates selected as a cade	otion of incident n, include wand a statem	lent(s) and it ith this appli ent by a clea	f applicable pication a cert ication a cert ik of court, jo	provide the nam ified or notorize udge, or attorne	e and location d copy of the c y as to whether	of court, nature court disposition r the offense was	of offense, and disp (such information a misdemeanor or	can be of	otained by wi	riting or v. All
Remarks:			division and a second							11100000000000000000000000000000000000
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I certify that the above inform a court to provide financial so have an adverse impact on mi include academic, physical, a changed by appropriate comm	opport to a chi litary training nd military. I nand authority	ild or childrer g, unit cohesio understand the y based on M	n. I understand on, standards, nat the accomi ilitary Acaden	d that it is the Arr health, safety or modation of relig	ny's policy to ap discipline, or ot	oprove requests for herwise interfere v	accommodation of	religious p	oractices wher	they will not
Candidate Signature	e and Da	te (Requ	ired):			I	Phone: ()	-1		



United States Military Academy Candidate Activities Record

Form Approved -OMB# 0702-0060 Expires 2/28/2006

Public reporting burden for this collection of information is estimated to average 18 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate of Information Operations and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of the law, no person shall be subject to any penalty for failing to comply with the collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form to Admissions, U.S.Military Academy, Official Mail and Distribution Center, 646 Swift Rd, West Paint, NY 10996-1905.

PRIVACY ACT STATEMENT. AUTHORITY: Title 5 USC, Ch 403 Sec 4346, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101: E09397. PRINCIPLE PURPOSE: Collection of data on Academy candidate for opening a file. ROUTINE USE: To gather information on a candidate in order to open a file for admission to West Point. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment.

FOLLOW THESE STEPS IN FILLING OUT THIS FORM:

- 1) Use a black ball point pen only. Do not use felt tip pen or pencil. Do not slash your 0's, 7's, or Z's.
- 2) Completely fill in all bubbles:
- 3) For optimum accuracy, write block style without touching sides:

ABCDEFGHIJKLMNO	PQ	RS	410,000	u	٧	W	X	Y	2
0123456789									

- 4) If you make an error, completely cross out entry and re-write.
- 5) Do not send in a photo copy of this form. Only the original will be read.

If you participated in any non-athletic or extracurricular activities in grades 9-12 that are not listed and for which you feel you deserve credit, please list them in the "Candidate Remarks" section.

To complete the Varsity Athletic Activities section, use the codes below. If you lettered in a sport for which no codes are available, please list them in the "Candidate Remarks" section.

Athletic		Athletic	
Activities:	Code:	Activities:	Code:
Baseball	MBA	Orienteering	XOR
Basketball (Men)	MBB	Skiing (Alpine)	XSA
Basketball (Women)	WBB	Soccer (Men)	MSO
Boxing	MBX	Soccer (Women)	WSO
Cheerleading	XCL	Softball	WSB
Crew	XCR	Swimming (Men)	MSW
Cross Country (Men)	MCC	Swimming (Women)	WSW
Cross Country (Women)	WCC	Tennis (Men)	MTE
Field Hockey	WFH	Tennis (Women)	WTE
Football	MFB	Track (Men)	MTO
Golf (Men)	MGO	Track (Women)	WTO
Golf (Women)	WGO	Volleyball (Men)	MVB
Gymnastics (Men)	MGY	Volleyball (Women)	WVB
Gymnastics (Women)	WGY	Wrestling	MWR
Ice Hockey (Men)	MIH	Other (explain in	XOT
Lacrosse (Men)	MLA	remarks)	
Lacrosse (Women)	WLA		



United States Military Academy Candidate Activities Record



First Name	M.I.
	Social Security Number
Last Name	1 000 00 000 1 2 000 00 000
	3 0000 000 0000
	4 000 00 0000 5 000 000 0000
	6 000 00 0000
emanne distribution contratte de la contratte	7 000 00 0000 8 00 00 00 0
ATHLETIC ACTIVITIES	9 000 00 0000
Sports Participation # Years in sport # Varsity Letters Varsity Team. (Gr. 9.12) (Gr. 9.12) (Gr. 9.12) Captain	# Years Special Recognition
(Gr. 9-12) . (Gr. 9-12) (Gr. 9-12) Captain Use Codes in Instructions (# Years)	(Explain in Remarks and provide documentation)
	proving recemenation
TVTD & CTIDICTI	
EXTRACURRICULA (Indicate # Ver Participation Condens 0.12)	•
School Officers (Indicate # Yrs. Participation Grades 9-12) Student Body Class School Club	Leadership Participation O President
President/Chairperson	Boys/Girls Nation O Attendee
1 Tesidente Champerson	Boys/Girls State Governor
Vice President	Boys/Girls State O Attendee
	National Honor Society O President O Member
Treasurer / Secretary	· · · · · · · · · · · · · · · · · · ·
Student Council	
Representative	Awards (explain in Remarks) (# Yrs. Gr. 9-12)
Newspaper Yearbook	County, City, or State Government e.g., American Legion Citizenship
(# Yrs. Gr. 9-12)	National or State Academic/Science
The state of the s	e.g. Bausch & Lomb Science, etc.
Editor-in-Chief	
Writer/Reporter/Staff	Other (Explain in remarks)



EXTRACURRICULAR ACTIVITIES (continued)

21773				•	
<u>Dramatics</u>	(# of Yrs. in Gr. 9-12)	Music Partici (Band/Orchestra		of Yrs. in	Scouting (Boy or Girl) Member O
Leading Role in a Public		(Band) Of Chester.		Gr. 9-12.)	Senior Patrol Leader O
Performance		All State	Band/Chorus		
Participation in a Public		(Prov	vide documentation)		Eagle/Gold Award O
Performance		Band Dir	ector/Officer		Civil Air Patrol
No.					Officer O
Dramatics Honors (Specify in Remarks)	** The state of th	E	land Member		Member O
	/ dt = 637== 1=	CI TO			Amelia Earhart/ O
Devate	(# of Yrs. in Gr. 9-12)	Chorus Dir	rector/Officer		Billy Mitchell Awd.
President/Officer		· ("h.	orus Member		•
President/Officer		Che	orus Menider		
70 X ()		(Ther Honore		
Team Member	7771	(Spe	Other Honors cify in Remarks)		
TY	. [Foreign Study	Who sponsored?		
Debate Honors (Specify in Remarks)					
		One Month or More?			
	<u> </u>	OI IVIOIE!	Length of stay?		
O44 i				1	Employment (# of Yrs. inGr. 9-12)
Other Activities (# of	Yrs. in Gr. 9-12)			<u> </u>	
BN Commander	Officer	Member		•	Worked school days
ROTC					for entire school year
					○ 9 or less
Nonemanna and American and Amer	, \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		unior Achievemen	at/4H/	Hours worked O 10 - 19
Model United	Nations Chi		ire Farmers of An		per week? 0 20 - 29
		·			○ 30 - 39 ○ 40 or more
President					C 40 or more
Officer			·	λ	Master of Ceremonies/
				+,	Chairperson
Member					-
<u> </u>		-			Other
					(Specify in Remarks)
Candidate Remarks:					
			•		5 ,
					West
School Official Printed Na	ime Title and S	School I	partify that the info	rmation pro	ovided on this form is accurate
DOMOGRAPHICA I THE COLOR	inic, inic and		the best of my kno		ovided out this form is accurate
					·
		Sc	chool Official		

105062

Phone (

Signature and Date







United States Military Academy

Candidate Statements

Form Approved -OMB# 0702-0061 Expires 2/28/2006

The public reporting burden for this collection of information is estimated to average 42 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining

the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be sware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with the collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form to Admissions, U.S. Military Academy, Official Mail and Distribution Center, 646 Swift Road, West Point, NV 10996-1905. PRIVACY ACT STATEMENT. AUTHORITY: Tille 5 USC, Ch 403 Sec 4346, Ch 505 Sec 5031. Ch 603 Sec 6958; Title 44 USC 3181: EO 0397. PRINCIPAL PURPOSE: Cullection of data on Academy candidate for opening a file. ROUTINE USE: To gather information on a candidate in order to open a file for admission to West Point. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointmen FOLLOW THESE STEPS IN FILLING OUT THIS QUESTIONNAIRE: 1) Use a black ball point pen only. Do not use felt tip pen or pencil. Do not slash your 0's, 7's, or Z's. 2) Completely fill in all bubbles: ●Yes ONe 3) If you make an error, completely cross out entry and re-write. 4) Do not send in a photo copy of this form. Only the original will be read. 5) For optimum accuracy, write block style without touching sides: BCDEFGHIJKO123456 First Name M.I. Social Security Number Last Name 000 00 0000 000.00 000 00 0000 00 5 0000 Instructions: 000 00 0000 Compose your own responses. Write legibly with a pen. Do not type or use a word processing $\circ\circ$ 0000 000 00 0000 program. Respond to all requirements and confine your writing to this form. 00 0000000 000 000000 1. In the space below, write an essay that explains why you want to attend the United States Military Academy.

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2. Cadets who graduate from West Point serve for a minimum Why do you want to serve as an Army Officer after earning	mum of five years on active duty. ag your degree and commission?
·	
3. What do you think are the most important qualities in l and a successful Army officer?	pecoming a successful cadet
I certify that I composed these responses by myself.	
Candidate Signature and Date (Required):	Phone: ()



Employer's Evaluation of Candidate

Form Approved OMB No. 0702-0061 Expires: 2/28/2006

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collected information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate of Information Operations and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Artington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of faw, no person shall be subject to any penelty for falling to comply with a collection of information if it does not display a currently valid OMS control number. Please DO NOT RETURN this form to the above address. Send your completed form to Admissions, USMA, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 19986-1995.

Privacy Act Statement: AUTHORITY: Title 5 USC, Ch 301: Title 18 USC, Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 6958: Title 44 USC 3161: EO 9397. PRINCIPAL PURPOSE: Collection of data on Academy candidate for admission requirements. ROUTINE USE: To gather personal data information for a candidate's file for admission to West Point. DISCLOSURE IS VOLUNTARY. However, failure to provide information could predude appointment.

ломечен, чакине ко рификов инолітавил сошіо ргесцисе аррожителіс.										
FIRST NAME M.I.										
LAST NAME										
SOCIAL SECURITY NUMBER	STATE									
INSTRUCTIONS FOR THE EMPLOYER/SUPERVISOR: The above named individual is										
applying for admission to the United States Military Academy. Please complete this form as accurately as possible and return it directly to West Point in the envelope provided.										
1. I employed the candidate during the following period(s)): 2. Total number of hours worked per week during the following periods:										
From To (Month, Day, Year) (Month, Day, Year)	September-May Mon-FriSat/Sun									
From To June-August Mon-Fri Sat/Sun										
3. Briefly describe the type of work performed by the candidate.										
 Please evaluate the following factors concerning the candidate. the quality describes the candidate by using the following scale: 1 - Superior, 2 - Above Average, 3 - Average 	Mark only one box for each item. Rate the items on how well verage, 4 - Below Average, 5 - Inferior									
1 2 3 4 5	1 2 3 4 5									
A. Cooperation	G. Initiative									
B. Dependability	H. Plans and organizes work									
C. Productivity	I. Potential for advancement									
D. Attitude E. Emotional Stability	J. Capacity for leadership									
F. Consideration for others	K. Attendance and punctuality									
5. REMARKS:										
You have the right to request confidentiality as a condition for pro- identity and remarks may be disclosed at the candidate's request.										
NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER									
SIGNATURE OF EMPLOYER/SUPERVISOR	DATE									

sources, gathering and maintaining the data needed, and completing and reviewing the collected information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate of Information Operations and Reports (1970-2046), 1215 Lefferson Davis Highway, Value 1204. Aritington, VA 22202-4902. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any pensity for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form to Admissions, USMA, Oficial Mail and Distribution Center, 646 Swift Road, West Point, NY 10996-1797. Privacy Act Statement: AUTHORITY: Title 5 USC, Ch 301: Title 10 USC, Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 6958: Title 44 USC 3101: EO 9397. PRINCIPAL PURPOSE: Collection of data on Academy candidate for admission requirements. ROUTINE USE: To gather personal data information for a candidate's file for admission to West Point. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. Name: (Middle) Address: - State Address (No. and St.) Address (No. and St.) City, State City, State Zip Code Zip Code Telephone Number Telephone Number (Please Print) Remarks: (Signature and Dute) USMA FL 546 (Rev May 99) Form Approved OMB No. 0702-0063 **Application Withdrawal Notice** Expires: 1 = The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing date The jacobs reporting outsides for in contentions of information is estimated to develope 2 animals per replores, including the time to reviewing the asserting data sources, gathering and maintaining the data seeded, and completing and reviewing the collected information. Send commenter regarding this burden estimate or says other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Weshington Headquarters Services, Directorate of Information Operations and Reports (6702-0061), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be eware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid CMB control number. Please DO NOT RETURN this form to the shove address. Send your completed form to Admissions, 606 Thayer Rd, USMA, West Point, NY 10996-1797. Privacy Act Statement: AUTHORITY: Title 5 USC, Ch 301: Title 10 USC, Ch 403 Sec 4346, Ch 503, Ch 503 Sec 5031, Ch 603 Sec 6958: Title 44 USC 3101: EC 9397. PRINCIPAL PURPOSE: Collection of data on Academy candidate for admission requirements. ROUTINE USE: To gather personal data information for a candidate's file for admission to West Point. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment. NAME _____ (Middle) State Address I desire to withdraw my application for admission to the U.S. Military Academy. REASON: (Please provide a brief statement of the reason for withdrawal.)

(Date)

USMA FL 481 (Rev May 99)

Change of Personal Data

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data

UMB IND. 0104-0001

(Signature)

JIRECTUR'OF ADMISSIONS
Jnited States Military Academy
Official Mall and Distribution Center
346 Swift Road
West Point, New York 10996-1905



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FIRST CLASS MAIL PERMIT NO 51 WEST POINT NY

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UNITED STATES MILITARY ACADEMY
OFFICIAL MAIL AND DISTRIBUTION CENTER
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WEST POINT NY 10996-9902

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IF MAILED
IN THE
UNITED STATES

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United States Military Academy
Official Mail and Distribution Center
146 Swift Road
Vest Point, New York 10996-1905



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Supplemental Information Sheet

Form Approved OMB No. 0702-0061 Expires: 2/28/2006

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United States Service Academy Candidate Fitness Assessment

Form Approved -OMB# 0702-0061 Expires 2/28/2006



The public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Weshington Headquarters Services, Directorate for Information Operations and Reports (0702-0961), 1215 Jefferson Davis Righway, Suite 1204, Artington, VA 22202-4302. Respondents should be aware that notwitistanding any other provision of law, no person shall be subject to any penalty for failing to comply with the collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the shove address. Send your completed form in business reply envelope provided.

address. Send your completed form in business reply envelope provided.
PRIVACY ACT STATEMENT. AUTHORITY: Title 5 USC, Cb 403 Sec 4346, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101: EO 0397. PRINCIPAL PURPOSE; Collection of date on Academy candidate for opening a file. ROUTINE USE: To gather information on a candidate in order to open a file for admission to West Point. DISCLOSURE IS VOLUNTARY. However, failure to provide information could precinde appointment.

FOLLOW THESE STEPS IN FILLING OUT THIS QUESTIONNAIRE:

- 1) Use a black ball point pen only. Do not use felt tip pen or pencil. Do not slash your 0's, 7's, or Z's.
- 2) Completely fill in all bubbles:

Yes

3) I	For opti	mum acc	uracy, wri	te bloci	c style '	without	touching	sides:
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ABCDEFGHIJKO123456

4) If you make an error, completely cross out entry and re-write.

5) Do not send in a photo copy of this form. Only the original will be read.

First Name To J	Be Completed By Candidate	M.I.	Social Security Number
Last Name Candidate Signature:			
Administering Official Printed Name, Ti	itle and Phone:		Date of Exam
Administering Official Signature and Da	ate:	Month	Day Year

To Be Completed By Administering Official

The student named above is applying for admission to U.S. Service Academies. Please complete this part of the form as accurately as possible. Return completed form in the business reply envelope provided.

Basketball Throw (Record the best of 3 results in Feet)	Pull-Ups (For Men or Women) Flexed Arm Hang (For Women only) Number of Repetitions Seconds Tenths
1 000 2 000 3 000 4 000 5 000 6 000 7 000 8 000 9 000 0 000	1 00 0 2 00 0 3 00 0 0 0 0 0 0 0 0 0 0 0



Modified Sit-Ups (Record the best of 2 results)
Number of Repetitions 1 000 2 000 3 000 4 000 5 000 6 000 7 000 8 000 9 000
1Mile Run
Minutes . Seconds 1 00 00 2 00 00 3 00 00 4 00 00 5 00 00 6 00 00 7 00 00 8 00 00 9 00 00
mstances Comments by Candidate who Withdraws

Reminder!

Do not forget to have your high school or college send us your final grades. The form below is form No. 9 in your booklet, *Instructions for Candidates Offered Admission*. Tear out this card or use the form below and give it to the appropriate school official without delay. Use the business reply envelope previously provided or have your grades mailed to:

Director of Admissions United States Military Academy Official Mail and Distribution Center 646 Swift Road West Point, NY 10996-1905

Request for Final Transcript

Form Approved OMB No. 0702-0062 Expires: 2/28/2006

First Name, Middle Initial, Last Name

Social Security Number

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collected information. Send comments regarding this collection of information, including suggestions for reducing the burden to: DOD, Washington HQ Svcs., DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the OMB, Paperwork Reduction Project, Washington, DC 20503. Please DO NOT RETURN this form to either of these addresses. Send your completed form to Admissions, USMA, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 10996-1905.

PRIVACY ACT STATEMENT. AUTHORITY: Title 5 USC, Ch 301; Title 10 USC Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44, USC 3101; EO 9397. PRINCIPLE PURPOSE: Collection of data on Academy candidate for closing final academic information file. ROUTINE USE: To gather information on candidate to complete admission file. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment.

The student named above has been accepted for admission to the United States Military Academy. To complete the file it is necessary that we have a copy of the final senior year grades and the final four-year grade point average. Please complete this form as accurately as possible and submit it, WITH A COPY OF THE FINAL SENIOR YEAR GRADES, as soon as the current academic year ends. A pre-addressed postage free envelope is provided.

School (Officia	al Name)	School Telephone Number
Street Address		State and Zip Code
Candidate's Fi	nal (Cumulative) GPA	Indicate how Grade Point Average was determined
Other (Additio	nal Information)	
Date	Signature	Title

Send to: United States Military Academy, Admissions, Official Mail and Distribution Center, 646 Swift Road West Point, New York 10996-1905

Fall Senior Year Grades (Seventh Semester)

Form Approved
OMB No. 0702-0841
Expires: 2/28/2006

(Signature)

The public reporting burden for this coffection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collected information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate of Information and Operations and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Artington, VA 22202-4302. Respondents should be aware that northins and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Artington, VA 22202-4302. Respondents should be aware that northins and Operations and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Artington, VA 22202-4302. Respondents should be aware that northins and Operations and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Artington, VA 22202-4302. Respondents should be aware that northins and Operations and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Artington, VA 22202-4302. Respondents should be aware that northins and Operations and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Artington, VA 22202-4302. Respondents should be aware that northins and Operations and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Artington, VA 22202-4302. Respondents should be aware that northins and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Artington, Va 2202-4302. Respondents of the aware that northins and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Artington, Va 2202-4302. Respondents of the aware that northins and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Artington, Va 2202-4302. Respondents of the aware that the suite of the suite of

CUMULATIVE GRADE CUMULATIVE RANK
POINT AVERAGE IN CLASS (Rank from top/No. of students)

(Name of School & Address) (Telephone No. - Area Code & Ext.)

USMA FL 480-1 (Rev May 1, 2003) (Date) (School Official's Title)

Fold at Line

INSTRUCTIONS FOR SCHOOL OFFICIALS

The student indicated above is completing the United States Military Academy admissions process. If you have not previously done so, please provide us with information concerning this student's senior year academic record by completing the school official's portion of this card.

PLEASE FORWARD THIS CARD ONLY AFTER THE SEVENTH SEMESTER GRADES ARE AVAILABLE. IT MUST BE RECEIVED NOT LATER THAN FEBRUARY 1, 2006.

PLEASE FOLD AND TAPE BEFORE MAILING

DIRECTOR OF ADMISSIONS
United States Military Academy
Official Mail and Distribution Center
646 Swift Road
West Point, New York 10996-1905



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USMA FL 261, indd 2

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3/8/2006 12:34:31 PM

United States Military Academy
646 Swift Road
West Point, NY 10996-1905

Thank you for the questionnaire you completed and returned. You are reminded it is your responsibility to obtain a nomination from the appropriate source. If one or more of the following boxes have been checked, please enter the requested information on the attached business reply card, detach and return it to us at your earliest convenience.

Social Security Number
Par of High School Graduation
Rank in Class and Class Size
Ethnic Group

Cother

USMA FL 261 (Rev. Apr 2005)

USMA FL 261.indd 1

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Director of Admissions

3/8/2006 12:34:31 PM

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for excitoring instructions, searching exasting data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this parker estimate or any other appeared this collection of information, orbitaling auggestions for reducing this burden to Department of Defence. Washington the Adaptavers Services, Directorate of Information Operations of the does not display a currently while OMB control marbor. Heave Do No'll RETURN this form to the above address. Send your completed form to Admissions, 600 Thayer Rd, USMA, West Point, NY 1999-1797.

PRIVACTY ACT SINTEMENT, ALTHORITY, Title 5 USC, Ch 301: Title 10 USC Ch 403 See 4346, Ch 503, Ch 505 See 5031, Ch 603 See 6935. Title 14 USC 1301. E03397. PRINCIPLE PURPOSE. Collection of that on Academy candidate for opening a file. ROUTING USC. To 301 on a candidate in order to open a bit for admission to West Point DISCLOSURE IS VOLUNIARY. However, failure to provide information on a candidate in order to open a bit for admission to West Point DISCLOSURE IS VOLUNIARY. However, failure to provide information could preclude appointment.

Form Approved
OMB No. 0702-0060
Expires: 2-28-2006

United States Military Academy 646 Swift Road Director of Admissions

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	West Point, NY 10996-1905	
Name (Print)(Last Name)	(First Name)	[M]
Social Security Number	ANT	
Date of Birth	Ethnic Group	
Rank in Class/High School Class Size	The same of the sa	
Year of High School Graduation		
Home Telephone	to the state of th	Territoria de la companya del la companya de la com
Other	Ambarun de de la companya de la comp	MI (A) THE STATE OF THE STATE O
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DEPARTMENT OF THE ARMY United States Military Academy West Point, New York 10996-1797

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USMA ADMISSIONS INTERVIEW	REPORT	DATE			Form App OMB No. 67 Expires 2/	702-0061
NAME OF APPLICANT (Last Name, First, MI)	SOCIAL SECURITY NUMBER				NGRESSION TRICT	VAL
The public reporting hurden for this collection of information is estimated to average 15 minut maintaining the data needed, and completing and reviewing the collection of information. Sen suggestions for reducing this burden to Department of Defense, Washington Headquarters Ser 1204, Arhington, VA 27202-4320. Respondents should be aware that notwithstanding any othe does not display a corrently valid DMB control number. Please DO NOT RETURN THIS FOI Distribution Center, 646 Swift Road, West Point, NY 10996-1905. PRIVACY ACT STATEMENT: Authority: Title 5 USC, Ch 301; Title 10 USC, Ch 403 Sec 43 Academy's candidate character and English proficiency. Routine Use: Evaluation of candidate failure to provide information could preclude appointment.	tes per response, including the time for reviewing d comments regarding this burden estimate or any vices. Directorate for information Operations and a provision of law, no person shall be subject to a RM TO THE ABOVE ADDRESS. Send your con 46. Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 's qualifications for admission to the United State	instructions, searching exists other aspect of disconlectic reports (0702-8061), 1215 J. ny penalty for failing to complete of the complete of the control o	ng data source on of informati efferson Davis sly with a colle Admissions, e Purpose: Co DSURE IS VO	s, gathering on, includin Highway, S sction of inf Official Mai llection of d LUNTARY	and ig Suite formation if it ii & late on Thowever.	
GUIDE TO INTERVIEWER: At the beginning of the interview, the Code, Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Section information which is correct on the current monthly Candidate Ref you or an Admissions Officer can assist in resolving. Probe for chavarious application forms; such as desire to excel and persevere. Tr Point programs and serve as an Army officer, but do not expect the Do you require confidentiality as a condition for providing information.	erral Report. Instead, emphasize racteristics of the applicant which y to get an impression of the applicant to be committed to an	397. DO NOT dupli the identification of a might not be prop licant's willingness	cate report problem erly revea	rting of areas w Jed on t	/hich the	
1. Academic Data:						
a. Approximate rank in high school class.						
b. SAT: Best Verbal/Critical Reading Score	; Best Math Score	; Best W	riting S	core		
c. ACT: English; Math;						.
d. SCHEDULED TESTING: ACT (date)						
e. If neither SAT nor ACT taken or scheduled, chec	k box at right.		ef.		NO	
2. Medical Examination:						
a. Has applicant been notified of medical exam date	e?	•	YES		NO	
b. If scheduled, did he or she take the exam on that	date?		YES		NO	
If not, why?		***************************************				
c. Has applicant received notification from DoDME						
medical testing?			YES		NO	
If yes, summarize status.		Start because the Associated State and State as a second state of the State as a second state				
d. If more than six weeks has elapsed since medical	I was taken has applicant b	een notified of f	inal			
medical status by USMA?			YES ·		NO	
3. Candidate Fitness Assessment (CFA):						
a. Has the applicant scheduled a CFA?	•		YES		NO	
b. If the applicant did not take the CFA as scheduled	d, check box to right and in	dicate reason.	YES		NO	
1. Nominations:						
a. Has the applicant been nominated? If yes, by who	om?		YES		NO	П
b. To whom did the applicant apply for nomination?		•	~ ~ ~		1.5	1
Senator's name Representative's name					•	
Presidential Other (describe)						
c. If the applicant has not applied for any nominatio	ons: check box to right and	indicate why.			NO	П
. Is the applicant experiencing any difficulty with the a		•	YES		NO	
If yes, describe on reverse.	Province Management		1 100		110	لسسا
Is the applicant interested in competing for the West I if not selected for USMA?	Point Preparatory Scholars	nip Program	YES		NO	
FOR USMA OFFICE USE ONLY		V-1-1-1				

Please circle the most appropriate response.						
Academic Ability	Exceptionally promising	Fin student. Honors at college.	Solid average student. Possible honors	Capable of passing work.	Marginal ability, or questionable motivation	Poor academic risk.
Extracurricular Activity (other than athletic)	Outstanding leader in "top" activities	Major office holder. Makes a real contribution	Good citizen, interested and active.	Fairly active, minor offices and/or minor activities.	Minor participations, no offices.	No activities
Athletic Ability	Outstanding college varsity prospect.	Fine high school athlete, varsity letter	HS Varsity participation, average ability.	Intramural participation, healthy interest.	Sports are a pastime.	No interest.
Personal Qualities	Outstanding person. Tops in all respects,	Great appeal. Generally, very strong.	Good above- average applicant.	General okay. No strengths, no weaknesses	Not very appealing. Immature.	Poor impression. Unstable or offensive.
Overali Rating	Tops for admission	Clearly admit	Strong contender	Reasonable possibility for admission,	Questionable admission.	No recommended for admission/.
1. Does the appl	icant understan	d the purpose of	USMA?	,	Yes	No 🔲
2. Is the applica	nt familiar with	the academic p	rogram?	•	Yes	No 🔲
3. Is the applicant familiar with the obligated service after graduation? Yes No						
4. Is the applican	nt familiar with	the West Point	Honor Code and	System?	Yes \square	No 🔲
5. Is the applican	nt familiar with	the Cadet Lead	er Development	System?	Yes	No 🗌
6. Is the applican	nt familiar with	the stresses of C	Cadet Basic Train	ning?	Yes	No 🔲
INTERVIEWER'S COMMENTS: If work or family problems have affected this applicant's performance, please make special annotation below. Also comment on BEARING and APPEARANCE, PERSONAL MAGNETISM, how applicant became interested in West Point and applicant's reasons for wanting to attend West Point.						
					· ·	
					•	
		•				
NAME AND TITLE (Print or type)			SIGNATURE O	F INTERVIEWER	



Recommendation For ROTC Nomination to USMA

Form Approved -OMB No. 0702-0061 Expires 2-28-2006

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the fime for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reducing the burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operation and Reports (0702-0062), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form to the Admissions Office, USMA, Official Mail and Distribution Center, 646 Swift Road, West Point, NY 10996-1905. PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC, Ch 301; Title 10 USC, Ch 403 Sec 4346, Ch 505 Sec 5031, Ch 603 Sec 5058, Title 44 USC 3101; EO 9397. PRINCIPLE PURPOSE: Collection of data on Academy candidate in order to make sure file has been completed. DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment, ROUTINE USE: To aid in the inprocessing of cadets.

Instructions Please type or print all entries. Return West Point, New York 10996. Keep to	n the first three copies of the recommendation to: Superintendent, USMA, ATTN: MAAR-Ane pink copy for your records.	4O,
1. Candidate Information		
Full Name (Last, First, Middle)		
Social Security Number		
Date of Birth (Month, Day, Year)		
Sex	Male Female	
Mailing address		
	(Street)	
	City, State, ZIP Code	
2. School Information		
Name of School/Institution		
Mailing Address		
_	(Street)	-
	City, State, ZIP Code	
School ETS Code (HS Only)		
Please check only one of the three bloc nomination in more than one ROTC categ	eks to certify your recommendation for a nomination. No candidate will be considered for a ory.	
ROTCJR - The candidate is cur him/her for a nomination for an	rently enrolled in an Army JROTC program at the institution listed. I recommend appointment to the United States Military Academu under the ROTCJR category.	
	rently enrolled in an Army ROTC progam at the college/university listed. I recom or appointment to the United States Military Academy under the ROTCSR category.	
named an Honor School with Di him/her for a nomination for app	been named an Honor Graduate of the institution listed, and that instgitution has been stinction by DA or other service orders covering the current academic year. I recommend ointment to the United States Military Academy under the ROTCHM category. (No more than ubmitted under this category for the current year.)	THE PARTY OF THE P
Signature	Date	
PMS/SAI Type Name, Grade and Position	Telephone Number of PMS/SAI (Include Area Code and Extension, if applicable)	-

CADET PUBLIC APPEARANCE PARTICIPANT INFORMATION

AS PRESCRIBED BY AR 210-

INSTRUCTIONS FOR PREPARATION OF USMA FORMS 21-14 AND 21-14-1 (Continuation

- 1. Type or print all information
- 2. Cadet prepare Section A, all forms: Admissions Participant complete Section B, item 1-10, for as many speaking engagements as necessary (use continuation sheet); Admissions Participant print name, and sign, and date on final continuation sheet.
- 3. Enter at least 2 confirmed appearances for each CPRC leave day.
- 4. Additional visits, or substitutes for those noted below, will be listed on continuation sheet(s) (USMA Form 21-14-1).
- 5. Admissions Participants make at least two copies one to be forwarded to Regional Commander for approval of itinerary and one to be forwarded to cadet for

use during appearances and for After Action information. 6. After Action information concerning appearances. After Action Summary, USMA Form 5-1, completed.	ition. I, Itom II, Section		adet after each a	•	
SECTION A - TO BE COMPLETED BY	CADET			γ	-
1. OLASS 2. NAME (LAST, FIRST, M	7				3. COMPANY
4. P.Q. BQX	5. PHONÉ I	NUMBER		12. PR	OGRAM
LEAVE	ADDRESS	·		ANNUAL	
6. ADDR E SSEE		, "		1. THANK	1
7. NUMBER AND STREET 3. SPRING II 4. GRADUATION WEEK					•
8. CITY		9. STATE	CODE		/ GIRLS STATE
10. ZIP CODE 11. TELEPI	HONE NUMBEI	R (AREA CODE, EXCHANGE, 1	VO)	6. CONG	RESSIONAL EVENT
SECTION B - TO BE COMPLETED BY	/ USMA ADI	MISSIONS PARTIC	IPANT	*,	
ADMISSIONS PARTICIPANT NAME	STATE	E & ZIP AREA	T	ELEPHONE (AREA	CODE, EXCHANGE,
	FIRST	SPEAKING ENGAG	GEMENT		· · · · · · · · · · · · · · · · · · ·
1. ORGANIZATION NAME		2. ORG CODE	3. VISIT DAT	E (DAY, MO, YR) 4.	VISIT TIME .
5. NUMBER AND STREET	- <u> </u>	6. CITY	I	7. STATE CODE	8. ZIP CODE
9. PRESENTATION CONTACT - NAME	4	10. 7	ELEPHONE N	UMBER (AREA CODE, E	XCHANGE, NO)
11. AFTER ESTAUDIENCE ENGAGEMENT COM (If no, explain in addit		ES OR VIDEO SHOWN?	AUDIENCE REA		ACADEMIES REPRESENTED
ACTION Comments gestion YES		TYES TNO	T AVE		SCGA LUSNA
COMPACE.	I NO L			I FOOR	JOAFA
1. ORGANIZATION NAME		2. ORG CODE	3. VISIT DAT	E (DAY, MO, YR) 4.	VISIT TIME
5. NUMBER AND STREET		6. CITY		7. STATE CODE	8. ZIP CODE
9. PRESENTATION CONTACT - NAME		10. T	ELEPHONE N	IMBER (AREA CODE, E	XCHANGE, NO)
11. AFTER EST AUDIENCE ENGAGEMENT CON If no, explain in addition comments section? SUMMARY: YES		YES NO	AUDIENCE REAC		academies represented Boga USNA Safa :
SECTION C - ADDITIONAL COMMEN	TS (Continue	e on blank sheet of pa	per if necessa	ary)	i
		,			
ADMISSIONS PARTICIPANT - TYPED OF PRIN	ITED NAME	SIGNATURE			DATE

DIRECTOR OF ADMISSIONS UNITED STATES MILITARY ACADEMY 606 THAYER ROAD WEST POINT NY 10996-1797



Complete, Separate, and Mail

Form Approved OMB No. 0702-0061 Expires:

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate of information Operations and Reports (0702-0061), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, Respondents should be aware that notwithstanding any other provision of law, no porson shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form to Admissions, 606 Thayer Rd, USMA, West Point, NY 10996-1797.

PRIVACY ACT STATEMENT. AUTHORITY: This 5 USC, Ch 301: Title 10 USC Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101: E09397, PRINCIPLE PURPOSE: Collection of data on Academy candidate for opening a file, ROUTINE USE: To gather information on a candidate in order to open a file for admission to West Point, DISCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment.

NAME	•	
(Last)	(First)	(MI)
SOCIAL SECURITY NUMBE	ER	
☐ I have taken my PAE a	nd the results were mailed on	
☐ I have an appointment	to take my PAE on	
and will forward the re-	sults upon completion of examinat	ion.
☐ I desire to withraw my	application.	
DATE		
USMA FL 520 (Part 2) (Rev May 99)	Signature	

USMA FL 520.p65



5/13/99, 2:57 PM

