Form Approved -OMB No. 0702-0052 Expires: ^** APPOINTMENT (Offer of Admission) DECLINATION NAME (Print Last, First, Middle Name) Social Security Number I do not desire admission to West Point. I fully understand that by declining my appointment at this time I will not be considered for admission unless I reapply in a subsequent year. REMARKS I have decided to attend: If you are attending a civilian college, are you accepting a four-year ROTC scholarship? if yes -- Army | Navy | Air Force | Yes No DATE SIGNATURE STATE needed, and commence and eviewing the collection information. Send comments regarding this burden astimate or any other aspect of this collection of information, including suggestions for reducing this burden to Depart ment of Defense, Washington Haedquarters Services, Directorate for Information Operation and Reports (0702-0682), 1215 Jefferson Davis Highway, Suite 1204, Arkington, VA 22202-4802, Respondents should be aware that notwithstanding any other provisions of law, no parses shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid CNIB control number. Please DO NOT RETURN it is form to the above oddress. Send your completed form to USMA, Admissions, 646 Swift Rd, West Point, NY 16996-1797. PRIVACY ACT STATEMENT AUTHORITY: Title 5 USC, Ch 301: Tible 10 USC, Ch 403 Sec 4346, Ch 503, Ch 505 Sec 5031, Ch 603 Sec 5956; Thile 44 USC 3101; EO 8997. PRINCIPLE PURPOSE: Collection of data on Academy candidate in order to make sure like has been complated. DISCLOSURE IS VOLUNTARY, However, failure to provide information could preclude appointment. ROUTINE USE: To ald in the improcessing of cadelo USMA FORM 5-489 (Rev Sep 2002) Please fold the bottom of this card up to protect your personal information. Tape at the top and mail. Thank you for your assistance.

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