



# Statement of Decision

I hereby  accept  decline my conditional appointment as a cadet of the Virginia Military Institute in the Class of 2026. I understand that this appointment may be withdrawn if I fail to maintain a satisfactory academic and conduct record, if I become medically disqualified, or if it is discovered that any of the information included on my application at the time of submission or subsequent to submission is false or has been concealed.

I have paid my Deposit of \$300 electronically.  My Deposit of \$300 is enclosed.

I have read the terms of my Offer of Appointment and understand that this deposit is refundable until 1 May 2022, but not thereafter. All official VMI correspondence, which is sent via United States mail services, will be sent to the cadet's permanent resident address.

### Student Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Telephone (indicate if home or cell): \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### Primary Parent(s)

Name(s): \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Telephone (indicate if home or cell): \_\_\_\_\_  
E-Mail Address(es): \_\_\_\_\_

### 2nd Parent (if divorced or separated):

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Telephone (indicate if home or cell): \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### Other:

Relationship to student: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Telephone (indicate if home or cell): \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

## PLEASE BE SURE TO ANSWER THE FOLLOWING QUESTIONS:

Marital Status (VMI policy states that cadets must be unmarried.) \_\_\_\_\_

Are you currently a Reserve or National Guard participant?  YES  NO

If yes, do you intend to drill with your unit while at VMI?  YES  NO

If yes, what is the location of the reserve/guard unit? \_\_\_\_\_

\_\_\_\_\_  
Signature of Appointee

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Appointee Name (please print)

\_\_\_\_\_  
Parent or Guardian Name (please print)