

I. ADMINISTRATIVE DATA (Shaded areas are for detachment use only)										
1. NAME <i>(Last, First, MI)</i>				2. ACADEMIC INSTITUTION/AFROTC DETACHMENT			3. ACADEMIC MAJOR			
4. INSTITUTIONAL OFFICIAL REVIEW					5. INITIAL REVIEW					
INSTITUTION OFFICIALS SIGNATURE/DATE					COMPLETION OF THIS EDUCATION PLAN SHOULD RESULT IN MY OBTAINING A _____ DEGREE DURING _____					
DO NOT SIGN BLOCK 6--SIGNATURE REQUIRED AFTER GRADUATION										
6. I CERTIFY THAT I HAVE SUCCESSFULLY COMPLETED ALL DEGREE REQUIREMENTS AND WILL GRADUATE AS STATED IN BLOCK 5. SIGNATURE OF CADET/DATE					STUDENTS SIGNATURE			AFROTC REVIEWER'S SIGNATURE/DATE		
II. ACADEMIC PLAN/TERM REVIEW										
TERM: _____ YEAR: _____					TERM: _____ YEAR: _____					
Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations	Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations	
TOTAL CREDIT HOURS ATTEMPTED					TOTAL CREDIT HOURS ATTEMPTED					
REMARKS					REMARKS Fall Term Reevaluation Complete: _____ Signature/Date of Institution Official					
STUDENT'S SIGNATURE			AFROTC REVIEWER'S SIGNATURE/DATE		STUDENT'S SIGNATURE			AFROTC REVIEWER'S SIGNATURE/DATE		

1. NAME (Last, First, MI)									
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STUDENT'S SIGNATURE			AFROTC REVIEWER'S SIGNATURE/DATE		STUDENT'S SIGNATURE			AFROTC REVIEWER'S SIGNATURE/DATE	
TERM: YEAR:					TERM: YEAR:				
Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations	Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations
TOTAL CREDIT HOURS ATTEMPTED					TOTAL CREDIT HOURS ATTEMPTED				
REMARKS Fall Term Reevaluation Complete: _____ Signature/Date of Instituion Official					REMARKS Fall Term Reevaluation Complete: _____ Signature/Date of Instituion Official				
STUDENT'S SIGNATURE			AFROTC REVIEWER'S SIGNATURE/DATE		STUDENT'S SIGNATURE			AFROTC REVIEWER'S SIGNATURE/DATE	