

| <b>I. ADMINISTRATIVE DATA</b> <span style="float: right; font-weight: normal; font-size: small;">(Shaded areas are for detachment use only)</span>                                                                             |              |                      |                                  |                                           |                                                                                                                                                                             |              |                      |                                  |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------|----------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------|----------------------------------|------------|--|
| 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 _____<br>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.<br><br><div style="text-align: right; border-top: 1px solid black; width: 100%;">SIGNATURE OF CADET/DATE</div> |              |                      |                                  |                                           | STUDENTS SIGNATURE                                                                                                                                                          |              |                      | AFROTC REVIEWER'S SIGNATURE/DATE |            |  |
| <b>II. ACADEMIC PLAN/TERM REVIEW</b>                                                                                                                                                                                           |              |                      |                                  |                                           |                                                                                                                                                                             |              |                      |                                  |            |  |
| 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 |  |
|                                                                                                                                                                                                                                |              |                      |                                  |                                           |                                                                                                                                                                             |              |                      |                                  |            |  |
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|                                                                                                                                                                                                                                |              |                      |                                  |                                           |                                                                                                                                                                             |              |                      |                                  |            |  |
| TOTAL CREDIT HOURS ATTEMPTED                                                                                                                                                                                                   |              |                      |                                  |                                           | TOTAL CREDIT HOURS ATTEMPTED                                                                                                                                                |              |                      |                                  |            |  |
| REMARKS                                                                                                                                                                                                                        |              |                      |                                  |                                           | REMARKS<br>Fall Term Reevaluation Complete: _____<br><div style="text-align: right; border-top: 1px solid black; width: 100%;">Signature/Date of Institution Official</div> |              |                      |                                  |            |  |
| STUDENT'S SIGNATURE                                                                                                                                                                                                            |              |                      | AFROTC REVIEWER'S SIGNATURE/DATE |                                           | STUDENT'S SIGNATURE                                                                                                                                                         |              |                      | AFROTC REVIEWER'S SIGNATURE/DATE |            |  |

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|--------------------------------------------------------------------------------------------|--------------|----------------------|----------------------------------|------------|--------------------------------------------------------------------------------------------|--------------|----------------------|----------------------------------|------------|
| 1. NAME (Last, First, MI)                                                                  |              |                      |                                  |            |                                                                                            |              |                      |                                  |            |
| 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 |
|                                                                                            |              |                      |                                  |            |                                                                                            |              |                      |                                  |            |
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| TOTAL CREDIT HOURS ATTEMPTED                                                               |              |                      |                                  |            | TOTAL CREDIT HOURS ATTEMPTED                                                               |              |                      |                                  |            |
| REMARKS<br>Fall Term Reevaluation Complete: _____<br>Signature/Date of Instituion Official |              |                      |                                  |            | REMARKS<br>Fall Term Reevaluation Complete: _____<br>Signature/Date of Instituion Official |              |                      |                                  |            |
| 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 |
|                                                                                            |              |                      |                                  |            |                                                                                            |              |                      |                                  |            |
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| TOTAL CREDIT HOURS ATTEMPTED                                                               |              |                      |                                  |            | TOTAL CREDIT HOURS ATTEMPTED                                                               |              |                      |                                  |            |
| REMARKS<br>Fall Term Reevaluation Complete: _____<br>Signature/Date of Instituion Official |              |                      |                                  |            | REMARKS<br>Fall Term Reevaluation Complete: _____<br>Signature/Date of Instituion Official |              |                      |                                  |            |
| STUDENT'S SIGNATURE                                                                        |              |                      | AFROTC REVIEWER'S SIGNATURE/DATE |            | STUDENT'S SIGNATURE                                                                        |              |                      | AFROTC REVIEWER'S SIGNATURE/DATE |            |