

I. ADMINISTRATIVE DATA (Shaded areas are for detachment use only)									
1. NAME (Last, First, MI)			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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TOTAL CREDIT HOURS ATTEMPTED					TOTAL CREDIT HOURS ATTEMPTED				
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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	