I.		ADMINIST	RATIVE	DATA	(Sha	ded areas are for a	detachment use only)						
1. NAME <i>(Las</i>	st, First, MI)	2.	ACADEMIC	CINSTITU	JTION/AFRC	TC DETACHME	ENT	3. ACADEMIC	CMAJOR				
4. INSTITUTIO	NAL OFFICIAL REVIEW					5. INITIAL RE	VIEW	1					
INSTITUTION (OFFICIALS SIGNATURE/DATE					COMPLETION DEGREE DUR		N PLAN SHOUL	D RESULT IN MY OBTAIN	ING A			
	DO NOT SIGN BLOCK 6SIGNATUR	RE REQUIRED AFTER	R GRADUA	ATION									
6. I CERTIFY THAT I HAVE SUCCESSFULLY COMPLETED ALL DEGREE REQUIREMENTS AND WILL GRADUATE AS STATED IN BLOCK 5.					STUDENTS SIGNATURE AFROTC REVIEWER'S SIGNATURE/DATE								
	S	IGNATURE OF CADE	T/DATE										
II.			A	CADEN	MIC PLA	N/TERM RE	VIEW						
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PLANNED ACADEMIC PROGRAM PAGE OF

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