

I ADMINISTRATIVE DATA (Shaded areas are for detachment use only)

1. NAME (Last, First, MI)	2. ACADEMIC INSTITUTION/AFROTC DETACHMENT	3. ACADEMIC MAJOR
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4. INSTITUTIONAL OFFICIAL REVIEW INSTITUTION OFFICIAL'S SIGNATURE / DATE	5. INITIAL REVIEW COMPLETION OF THIS EDUCATION PLAN SHOULD RESULT IN MY OBTAINING A _____ DEGREE DURING _____
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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	STUDENT'S SIGNATURE	AFROTC REVIEWER'S SIGNATURE / DATE
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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
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STUDENT'S SIGNATURE	AFROTC REVIEWER'S SIGNATURE/DATE	STUDENT'S SIGNATURE	AFROTC REVIEWER'S SIGNATURE/DATE
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 Signature/Date of Institution Official

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