I		ADMINIS	haded areas a	are for detachment use	only)										
1. NAME (La	st, First, MI)	2. AC	ADEMIC IN	STITUTIO	N/AFROT	TC DETACHMENT 3. ACADEMIC MAJOR									
4. INSTITUTI	ONAL OFFICIAL REVIEW					5. INITIAL REVIEW									
INSTITUTION	I OFFICIAL'S SIGNATURE / DATE					COMPLETION OF THIS EDUCATION PLAN SHOULD RESULT IN MY OBTAINING A									
						DEGREE DURING									
	DO NOT SIGN BLOCK 6SIGNATU	IRE REQUIRED AFTER G													
6. I CERTIFY THAT I HAVE SUCCESSFULLY COMPLETED ALL DEGREE REQUIREMENTS AND WILL GRADUATE SAS STATED IN BLOCK 5.							STUDENT'S SIGNATURE AFROTC REVIEWER'S SIGNATURE					NATURE / DATE			
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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										

PREVIOUS EDITION IS OBSOLETE

NAME (Last,	First MI)													
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