

<b>I</b>									
<b>ADMINISTRATIVE DATA</b> (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 OFFICIAL'S SIGNATURE / DATE					COMPLETION OF THIS EDUCATION PLAN SHOULD RESULT IN MY OBTAINING A _____ DEGREE DURING _____				
<b>DO NOT SIGN BLOCK 6---SIGNATURE REQUIRED AFTER GRADUATION</b>									
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		
<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
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		

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