

I. ADMINISTRATIVE DATA <small>(Shaded areas are for detachment use only)</small>		
1. NAME <small>(Last, First, MI)</small>	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. _____ <small>SIGNATURE OF CADET/DATE</small>		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: _____ <div style="text-align: right;">_____ <small>Signature/Date of Institution Official</small></div>				
STUDENT'S SIGNATURE			AFROTC REVIEWER'S SIGNATURE/DATE		STUDENT'S SIGNATURE			AFROTC REVIEWER'S SIGNATURE/DATE	

1. NAME (Last, First, MI)

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	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					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 _____

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	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					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 _____