I.		ADMINIST	RATIVE	E DATA	(Sha	ded areas are for	detachment use only)						
1. NAME (La	2.	ACADEMIC	CINSTIT	UTION/AFRC	TC DETACHMENT		3. ACADEMIO	C MAJOR					
4. INSTITUTIONAL OFFICIAL REVIEW						5. INITIAL REVIEW							
INSTITUTION OFFICIALS SIGNATURE/DATE							COMPLETION OF THIS EDUCATION PLAN SHOULD RESULT IN MY OBTAINING A						
						DEGREE DUF	RING			_			
	DO NOT SIGN BLOCK 6SIGNATURE	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 REVIEV				VER'S SIGNATURE/DATE			
	SIC	NATURE OF CADE	T/DATE										
II.			A	CADE	MIC PLA	N/TERM RE	VIEW						
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