

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

1. NAME <i>(Last, First, MI)</i>	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 _____
<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.  _____ <i>SIGNATURE OF CADET/DATE</i>		STUDENTS SIGNATURE
		AFROTC REVIEWER'S SIGNATURE/DATE

**II. ACADEMIC PLAN/TERM REVIEW**

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:  _____ <i>Signature/Date of Institution Official</i>
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

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STUDENT'S SIGNATURE \_\_\_\_\_ AFROTC REVIEWER'S SIGNATURE/DATE \_\_\_\_\_

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