I. ADMINISTRATIVE DATA *(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 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. _____ *SIGNATURE OF CADET/DATE*	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
	TOTAL CREDIT HOURS ATTEMPTED			

REMARKS

STUDENT'S SIGNATURE	AFROTC REVIEWER'S SIGNATURE/DATE

TERM: YEAR:

Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations
	TOTAL CREDIT HOURS ATTEMPTED			

REMARKS
Fall Term Reevaluation Complete: _____
Signature/Date of Instituion Official

STUDENT'S SIGNATURE	AFROTC REVIEWER'S SIGNATURE/DATE