

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/CIP Code				
4. INSTITUTIONAL OFFICIAL REVIEW					5. INITIAL REVIEW					
INSTITUTION OFFICIALS NAME/DATE					PROJECTED DATE OF GRADUATION: MTH-YR _____ Hrs Required PROJECTED DATE OF COMMISSIONING: MTH-YR _____ Total Hrs Scheduled					
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. <div style="border-top: 1px solid black; text-align: center; margin-top: 10px;">SIGNATURE OF CADET/DATE</div>					STUDENTS NAME			AFROTC REVIEWER'S NAME/DATE		
II. ACADEMIC PLAN/TERM REVIEW										
TERM: Previous Coursework					TERM: Previous Coursework					
YEAR:					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 (Additional Courses can also be placed here) The Institution Official (Academic Advisor) certification is not an acceptance but a mandatory requirement for AFROTC. It ensures that the academic plan is sound and would allow the cadet to graduate by the projected date indicated in Block 5 to meet their contractual obligations.					REMARKS (Additional Courses can also be placed here)					
					STUDENT'S NAME			AFROTC REVIEWER'S NAME/DATE		

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