I.	ADMINIST	TRATIVE	E DATA	(Sha	ided areas are for	detachment use only)					
1. NAME (La	st, First, MI)	ACADEMIC	CINSTIT	UTION/AFRO	OTC DETACHMI	ENT	3. ACADEMIO	C MAJOR/CIP Code			
4. INSTITUTIO	DNAL OFFICIAL REVIEW				5. INITIAL RE	EVIEW					
INSTITUTION	OFFICIALS NAME/DATE					DATE OF GRADU				equired Hrs Sche	duled
	DO NOT SIGN BLOCK 6SIGNATURE REQUIRED AFTE	R GRADU	ATION		PROJECTED	DATEBATE OF C	OWNINGSTOWNS. P	WIII-IK			
	THAT I HAVE SUCCESSFULLY COMPLETED ALL DEGREE ATE AS STATED IN BLOCK 5. SIGNATURE OF CADI		IENTS AN	ND	STUDENTS	NAME		AFROTC REVIEWER'S	NAME/DATI	E	
II.	SIGNATURE OF CADI		CADE	MIC PLA	I N/TERM RI	EVIEW		<u> </u>			
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The Institution for AFROTC.	dditional Courses can also be placed here) Official (Academic Advisor) certification is not an acceptance It ensures that the academic plan is sound and would allow the indicated in Block 5 to meet their contractual obligations.	but a mand e cadet to g	latory req raduate b	juirement by the	HEMARKS (A	adilional Courses d	an aiso de piaced	nere)			
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