

I. ADMINISTRATIVE DATA									
1. NAME (Last, First MI)				2. ACADEMIC INSTITUTION				3. ACADEMIC MAJOR	
4. INITIAL REVIEW									
COMPLETION OF THIS EDUCATION PLAN SHOULD RESULT IN MY OBTAINING A BACHELOR'S MASTER'S DEGREE, DURING THE FALL WINTER SPRING SEMSTER OF (YEAR).					STUDENT'S SIGNATURE			AFROTC REVIEWER'S SIGNATURE	
II. ACADEMIC PLAN / TERM REVIEW									
TERM: FALL WINTER SPRING SUMMER YEAR:									
COURSE NUMBER	COURSE TITLE	CREDIT HOURS ATTEMPTED	CREDIT HOURS COMPLETED	DEVIATIONS	COURSE NUMBER	COURSE TITLE	CREDIT HOURS ATTEMPTED	CREDIT HOURS COMPLETED	DEVIATIONS
STUDENT'S SIGNATURE		AFROTC REVIEWER'S SIGNATURE / DATE			TOTAL CREDIT HOURS ATTEMPTED				

TERM: FALL WINTER SPRING SUMMER YEAR:									
COURSE NUMBER	COURSE TITLE	CREDIT HOURS ATTEMPTED	CREDIT HOURS COMPLETED	DEVIATIONS	COURSE NUMBER	COURSE TITLE	CREDIT HOURS ATTEMPTED	CREDIT HOURS COMPLETED	DEVIATIONS
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TERM:		FALL	WINTER	SPRING	SUMMER	YEAR:					
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