

I. ADMINISTRATIVE DATA <small>(Shaded areas are for detachment use only)</small>									
1. NAME <small>(Last, First, MI)</small>			2. ACADEMIC INSTITUTION/AFROTC DETACHMENT			3. ACADEMIC MAJOR			
4. INSTITUTIONAL OFFICIAL REVIEW					5. INITIAL REVIEW				
INSTITUTION OFFICIALS SIGNATURE/DATE					PROJECTED DATE OF GRADUATION: MTH-YR _____ PROJECTED DATE DATE OF COMMISSIONING: MTH-YR _____				
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="text-align: right; border-top: 1px solid black; margin-top: 10px;">SIGNATURE OF CADET/DATE</div>					STUDENTS SIGNATURE		AFROTC REVIEWER'S SIGNATURE/DATE		
II. ACADEMIC PLAN/TERM REVIEW									
TERM: Previous Coursework YEAR:					TERM: Previous Coursework 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				
STUDENT'S SIGNATURE		AFROTC REVIEWER'S SIGNATURE/DATE			STUDENT'S SIGNATURE		AFROTC REVIEWER'S SIGNATURE/DATE		

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