

**Air Force ROTC Detachment 432
Form 48 - Academic Plan**

SECTION I: ADMINISTRATIVE DATA

1. STUDENT (Last, First, MI): _____

2. HOST UNIVERSITY: _____

3. CROSSTOWN INSTITUTION: _____

4. ACADEMIC DEGREE TYPE: _____ **4.B. OTHER** _____

5. DECLARED FIELD OF STUDY: (MAJOR) _____
(MINOR) _____

6. TYPE OF DEGREE TO BE AWARDED: _____ **7. TOTAL CR HOURS NEEDED:** _____

8. ACADEMIC ADVISOR(S): 1. _____
Name _____ Email _____
2. _____
Name _____ Email _____

SECTION II: TRANSFER CREDITS

COURSE #	COURSE TITLE	CR HRS COMPLETED	CR HRS ACCEPTED

TOTAL CREDITS APPLIED TO STUDENT'S RECORD:

9. I certify that the above-listed courses -- as annotated in the "CR HRS ACCEPTED" column -- will be applied to the student's record as valid transfer credits. Additionally, I certify that completion of this education plan should result in the student obtaining a degree in _____ with a projected graduation month of _____ in the year _____.

Academic Advisor Signature

Date

SECTION III: ACADEMIC PLAN

TERM: _____ **YEAR:** _____

FIRST REVIEW (To be done the term prior to execution): I certify that by taking the classes listed below, the student is on the right path to graduate by the month and year indicated in SECTION II, BLOCK 9.

_____ Academic Advisor Signature

_____ Date

_____ AFROTC Reviewer Signature

_____ Date

COURSE #	COURSE TITLE	1ST REVIEW: CR HRS ATTEMPTED	2ND REVIEW: CR HRS COMPLETED

TOTAL CR HRS:

SECOND REVIEW (To be done the term after execution/completion): I have reviewed the student's record and certify that the student's current standing is as follows:

- _____ : Credit hours completed *this* term
- _____ : Total credit hours completed towards degree (include all previous terms + this term)
- _____ : Credit hours remaining until degree completion

The student **IS / IS NOT** projected to graduate by the month/year indicated in SECTION II, BLOCK 9. If not, I recommend the following actions for the student to get back on-track:

_____ Academic Advisor Signature _____ Date

_____ Student Signature _____ Date

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SECTION III: ACADEMIC PLAN			
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		TOTAL CR HRS:	
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_____ Student Signature	_____ Date
_____ AFROTC Reviewer Signature	_____ Date

SECTION III: ACADEMIC PLAN

TERM: _____ YEAR: _____

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AFROTC Reviewer Signature

Date

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Date

Student Signature

Date

AFROTC Reviewer Signature

Date

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TERM: _____ YEAR: _____

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Date

AFROTC Reviewer Signature

Date

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Date

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<p style="color: red; margin: 0;">FIRST REVIEW (To be done the term prior to execution): I certify that by taking the classes listed below, the student is on the right path to graduate by the month and year indicated in SECTION II, BLOCK 9.</p>			
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_____ AFROTC Reviewer Signature		_____ Date	
COURSE #	COURSE TITLE	1ST REVIEW: CR HRS ATTEMPTED	2ND REVIEW: CR HRS COMPLETED
TOTAL CR HRS:			
<p style="color: green; margin: 0;">SECOND REVIEW (To be done the term after execution/completion): I have reviewed the student's record and certify that the student's current standing is as follows:</p> <p style="margin-left: 20px;">_____: Credit hours completed <i>this</i> term</p> <p style="margin-left: 20px;">_____: Total credit hours completed towards degree (include all previous terms + this term)</p> <p style="margin-left: 20px;">_____: Credit hours remaining until degree completion</p> <p>The student IS / IS NOT projected to graduate by the month/year indicated in SECTION II, BLOCK 9. If not, I recommend the following actions for the student to get back on-track:</p>			

Academic Advisor Signature	Date
Student Signature	Date
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SECTION III: ACADEMIC PLAN

TERM: _____ YEAR: _____

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Academic Advisor Signature	Date
Student Signature	Date
AFROTC Reviewer Signature	Date

SECTION III: ACADEMIC PLAN

TERM: _____ YEAR: _____

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Date

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Date

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Date

Student Signature

Date

AFROTC Reviewer Signature

Date

SECTION III: ACADEMIC PLAN

TERM: _____ YEAR: _____

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Academic Advisor Signature

Date

AFROTC Reviewer Signature

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TOTAL CR HRS:

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- _____ : Total credit hours completed towards degree (include all previous terms + this term)
- _____ : Credit hours remaining until degree completion

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Academic Advisor Signature

Date

Student Signature

Date

AFROTC Reviewer Signature

Date

SECTION IV: GRADUATION

FINAL REVIEW (To be done upon final term completion): I have reviewed the student's record and certify that the student's current standing is as follows:

_____ : Total credit hours required for degree completion

_____ : Total credit hours completed (include all previous terms + transfer credits)

The student has satisfactorilly completed all academic requirements to be awarded a degree in _____ in the month of _____ and year of _____.

Academic Advisor Signature

Date

Student Signature

Date

AFROTC Reviewer Signature

Date