	I. ADMINISTRATIVE DATA								
1. NAME (Last, First MI.	)	2. ACADEMIC INSTITU AFROTC DET	TION /		EMIC MAJOR / MAJOR CODE				
		VIRGINIA T	ECH / DET 875						
4. INSTITUTIONAL OFF	ICIAL REVIEW (Completed during	g initial review)	5. INITIAL REVIEW						
INSTITUTION OFFICIAL	ICIAL REVIEW (Completed during S SIGNATURE / DATE (DD MMM	YYYY)	COMPLETION OF THIS PLAN SHOULD RESULT IN MY OBTAINING THE FOLLOWING DEGREE:						
			TYPE (B.S., B.A., etc.):		MONTH:	YEAR:			
DO NOT SIGN BLOCK	K 6 - SIGNATURE REQUIRED A	AFTER GRADUATION							
6. I CERTIFY THAT I HAVE S	SUCCESSFULLY COMPLETED ALL DE		STUDENT SIGNATURE	/ DATE	AFROTO REVIEWS	ER'S SIGNATURE / DATE			
WILL GRADUATE AS STATE	ED IN BLOCK 5.		STUDENT SIGNATURE	/ DATE	AFROIC REVIEWE	K 9 SIGNATURE / DATE			
	SIGNATURE OF CADET / DA	,							
	II. ACADEM	IIC DEGREE PLF	AN COMPLETION D	IRECT	IONS				
Initial Academic	Plan filled out electronically	, all changes made	with pencil, all signatur	es blue/t	olack ink, Do NOT	reprint each term.			
	MARGINS FOR THIS FORM TO								
PRINTING	0.3". PRINT HEAD TO FOOT (FL	LIP ON SHORT EDGE)							
PART I Block 1,2,3	Self explanatory.			<u>.                                    </u>					
	Have signed by university advisor		•						
PART I Block 4	major change, or institution chang the degree indicated in block 3, by		•	atistactory	performance in this ac	cademic pian will result in			
PART I Block 5	Insert information regarding specif			TC review	ıor				
PART I Block 6	Do NOT sign until all graduation re	* "	<u> </u>	/10 10 10 10 11	<u>e.</u>				
PART III YEAR	Enter appropriate year. (BOLD Te			til graduatio	on )				
7 ((1 1 = 7 )	Emor appropriate jour (E = = = : =	1110 (17.22)	Todanos to so complete and	ii graaaciii	211.7				
PART III <d+ =="" retake<="" td=""><td>Have academic advisor place "X"</td><td>in block if D+ or below wi</td><td>Il require the course to be ret</td><td>aken. AFF</td><td>ROTC classes require</td><td>an "X" in this block.</td></d+>	Have academic advisor place "X"	in block if D+ or below wi	Il require the course to be ret	aken. AFF	ROTC classes require	an "X" in this block.			
PART III Non-trad	Place "X" in block if this is a non-tr	raditional course (corresp	ondence, online, independen	nt study, T\	/, etc.).				
PART III Transfer	Place "X" in block if this is a cours	e you are planning on tak	king or have taken outside of	Virginia Te	ech.				
PART III Course #	Place a unique course identifier. I								
	Place a unique course title. If putt	ing an elective place hold	der be as specific as possible	. Ensure y	ou enter summer field	training during the			
PART III Course Title	appropriate term.								
PART III Hrs Attempted	Enter course credit hours.								
DADT III Liza Completed	Filled out by AFROTC reviewer. N	Not filled out until course i	is completed. Does not coun	t if failed o	r retake required. No	course will be paid for by			
PART III Hrs Completed PART III Deviations	AFROTC twice. Filled out by AFROTC reviewer.								
PART III Deviations	Signed and dated for initial review	v or current term re evalu	ation Also signed if DOC/DO	2C change	major change or ins	titution change. Advisor is			
PART III Advisor Sign	certifying that satisfactory complet		•	U	, ,	· ·			
PART III AFROTO Sign	Signed and dated in front of AFRO		<u> </u>	a 00p.c	u by date maleure	blook c.			
DART III AFROTO Sign	Signed and dated in horit of 7th 10		on to transcripto						

	III. ACADEMIC DEGREE PLAN / TERM REVIEW												
NAME "	NAME (Last, First MI):												
NAME (L	ast, Fir	ST IVII):	Term:	Fall	Year:	AS	100 (N/A fo	r AS250s)					
<c- =<="" td=""><td>Non</td><td></td><td></td><td>1 2</td><td>•</td><td></td><td>Credit Hrs</td><td>1</td><td>Deviations</td></c->	Non			1 2	•		Credit Hrs	1	Deviations				
Retake	Trad	Xfer	Course #		Course Titl	es	Attempt	Complete	(W, D, F, I, NC)				
								<b> </b>					
Remarks						Total Credit Hrs Attempted							
Remarks													
Universi block 5.	ty repre	sentativ	e's signature cer	tifies that satisfa	ctory performance in this acad	demic plan will result in the degree indi	cated in blo	ock 3, by th	he date listed in				
Universit	y Adviso	r's Signa	ature / Date (DD M	IMM YYYY)									
Student's	s Signatu	ire / Date	e (DD MMM YYY)	Y)		AFROTC Reviewer's Signature / Date	(DD MMM )	(YYY)					
			Term:	Spring	Year:								
<c- =<="" td=""><td>Non</td><td></td><td>_</td><td></td><td></td><td></td><td>Credit Hrs</td><td>Credit Hrs</td><td>Deviations</td></c->	Non		_				Credit Hrs	Credit Hrs	Deviations				
Retake	Trad	Xfer	Course #		Course Titl	es	Attempt	Complete	(W, D, F, I, NC)				
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						Total Credit Hrs Attempted		igwdown					
Remarks	):					Total Oreal The Attempted	<b>'</b>	<u> </u>					
Student's	s Signatu	ire / Date	e (DD MMM YYY)	Y)		AFROTC Reviewer's Signature / Date	(DD MMM )	YYY)					
			Term:	Winter/Summer	Year:								
<c- =<="" td=""><td>Non</td><td>Yfo-</td><td>Course #</td><td></td><td>Course Tit</td><td>98</td><td>Credit Hrs</td><td>Credit Hrs</td><td>Deviations</td></c->	Non	Yfo-	Course #		Course Tit	98	Credit Hrs	Credit Hrs	Deviations				
Retake	Trad	Xfer	Course #		Course Titl	<del>5</del> 5	Attempt	Complete	(W, D, F, I, NC)				
								igsquare					
								$\vdash$					
								<del>                                     </del>					
						Total Credit Hrs Attempted							
Remarks	: Ensure	FT is do	ocumented during	appropriate sumn	ner.		•						

NAME (L	ME (Last, First MI):											
			Term:	Fall	Year:		AS2	00 / AS250	)			
<c- =<br="">Retake</c->	Non Trad	Xfer	Course #			Course Titles		Credit Hrs Attempt	Credit Hrs Complete	Deviations (W, D, F, I, NC)		
Remarks							Total Credit Hrs Attempted					
block 5.			e's signature cer ature / Date (DD M		ctory performance	e in this acade	emic plan will result in the degree indic	cated in blo	ock 3, by tl	ne date listed in		
Student's	s Signatu	ire / Date	e (DD MMM YYY				AFROTC Reviewer's Signature / Date (DD MMM YYYY)					
			Term:	Spring	Year:			ı	ı			
<c- =<br="">Retake</c->	Non Trad	Xfer	Course #			Course Titles		Credit Hrs Attempt	Credit Hrs Complete	Deviations (W, D, F, I, NC)		
							Total Credit Hrs Attempted					
Remarks	i:						Total Credit His Attempted					
Student's	Signatu	ire / Date	e (DD MMM YYY	Y)			AFROTC Reviewer's Signature / Date (DD MMM YYYY)					
			Term:	Winter/Summer	Year:							
<c- =<br="">Retake</c->	Non Trad	Xfer	Course #			Course Titles		Credit Hrs Attempt	Credit Hrs Complete	Deviations (W, D, F, I, NC)		
							Total Cradit Ura Attamatad					
Remarks	: Ensure	FT is do	ocumented during	appropriate sumr	ner.		Total Credit Hrs Attempted	<u> </u>	]			

NAME (L	ast, Fir	st MI):										
Term			Term:	Fall	AS3	AS300						
<c- =<br="">Retake</c->	Non Trad	Xfer	Course #			Course Titles		Credit Hrs Attempt	Credit Hrs Complete	Deviations (W, D, F, I, NC)		
					<del>,</del>							
					<del>,</del>							
					<del>,</del>							
							Total Credit Hrs Attempted					
		sentativ	e's signature cei	rtifies that satisfa	actory performance	in this acade	mic plan will result in the degree indic	cated in blo	ock 3, by tl	ne date listed in		
block 5. Universit	y Adviso	r's Signa	ature / Date (DD M	MMM YYYY)								
Student's	s Signatu	ire / Date	e (DD MMM YYY)	<u>Y)</u>			AFROTC Reviewer's Signature / Date (DD MMM YYYY)					
			Term:	Spring	Year:							
<c- =<="" td=""><td>Non</td><td></td><td></td><td>•</td><td></td><td></td><td></td><td>Credit Hrs</td><td>Credit Hrs</td><td>Deviations</td></c->	Non			•				Credit Hrs	Credit Hrs	Deviations		
Retake	Trad	Xfer	Course #			Course Titles		Attempt	Complete	(W, D, F, I, NC)		
							T . 10 ":11 A::					
Remarks	s:						Total Credit Hrs Attempted					
Student's	Signatu	re / Date	e (DD MMM YYY)	Y)			AFROTC Reviewer's Signature / Date (	DD MMM Y	YYY)			
			Term:	Winter/Summer	Year:							
<c- =<br="">Retake</c->	Non Trad	Xfer	Course #			Course Titles		Credit Hrs Attempt	Credit Hrs Complete	Deviations (W, D, F, I, NC)		
							T . 1 & 10.00					
Remarks	: Ensure	FT is do	ocumented during	appropriate sumr	ner.		Total Credit Hrs Attempted	<u> </u>				
			9									

NAME (L	ast, Fir	st MI):										
Term			Term:	Fall	Year:		AS4	AS400				
<c- =<br="">Retake</c->	Non Trad	Xfer	Course #			Course Titles		Credit Hrs Attempt	Credit Hrs Complete	Deviations (W, D, F, I, NC)		
							Total Credit Hrs Attempted					
Remarks  Universi		sentativ	e's signature cer	tifies that satisfa	ectory performance	in this acade	mic plan will result in the degree indic	cated in blo	ock 3, by ti	ne date listed in		
block 5.			ature / Date (DD M									
Student's	Signatu	ire / Date	e (DD MMM YYY)	<u>Y)</u>			AFROTC Reviewer's Signature / Date (DD MMM YYYY)					
			Term:	Spring	Year:							
<c- =<="" td=""><td>Non</td><td></td><td></td><td></td><td></td><td>O T''</td><td></td><td>Credit Hrs</td><td>Credit Hrs</td><td>Deviations</td></c->	Non					O T''		Credit Hrs	Credit Hrs	Deviations		
Retake	Trad	Xfer	Course #			Course Titles		Attempt	Complete	(W, D, F, I, NC)		
							T . 10 ":11 A::					
Remarks	s:						Total Credit Hrs Attempted					
Student's	Signatu	re / Date	e (DD MMM YYY)	Y)			AFROTC Reviewer's Signature / Date (	DD MMM Y	YYY)			
			Term:	Winter/Summer	Year:							
<c- =<br="">Retake</c->	Non Trad	Xfer	Course #			Course Titles		Credit Hrs Attempt	Credit Hrs Complete	Deviations (W, D, F, I, NC)		
							T . 1					
Remarks	: Ensure	FT is do	ocumented during	appropriate sumr	ner.		Total Credit Hrs Attempted					
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NAME (L	ME (Last, First MI):											
			Term:	: Fall Year:			Extended Cadet (5	Extended Cadet (5-yr program only)				
<c- =<br="">Retake</c->	Non Trad	Xfer	Course #		(	Course Titles		Credit Hrs Attempt	Credit Hrs Complete	Deviations (W, D, F, I, NC)		
Remarks							Total Credit Hrs Attempted					
		sentativ	e's signature cer	rtifies that satisfa	octory performance in	this acade	mic plan will result in the degree indic	ated in blo	ock 3. by tl	ne date listed in		
block 5.			ature / Date (DD M									
Student's	Signatu	ire / Date	e (DD MMM YYY	<u>Y)</u>			AFROTC Reviewer's Signature / Date (DD MMM YYYY)					
			Term:	Spring	Year:							
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Retake	Trad	Xfer	Course #			Course Titles	:	Attempt	Complete	(W, D, F, I, NC)		
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							Total Credit Hrs Attempted					
Remarks	s:						Total Gredit His Attempted					
Student's	Signatu	ire / Date	e (DD MMM YYY)	Y)			AFROTC Reviewer's Signature / Date (	DD MMM Y	YYY)			
			Term:	Winter/Summer	Year:							
<c- =<br="">Retake</c->	Non Trad	Xfer	Course #			Course Titles		Credit Hrs Attempt	Credit Hrs Complete	Deviations (W, D, F, I, NC)		
Remarks	: Ensure	FT is do	ocumented during	appropriate sumn	ner.		Total Credit Hrs Attempted					
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