

| I. ADMINISTRATIVE DATA | | | |
|--|--|--|------------------------------------|
| 1. NAME (Last, First MI.) | 2. ACADEMIC INSTITUTION / AFROTC DET | 3. ACADEMIC MAJOR / AFROTC MAJOR CODE | |
| | VIRGINIA TECH / DET 875 | | |
| 4. INSTITUTIONAL OFFICIAL REVIEW (Completed during initial review) INSTITUTION OFFICIALS SIGNATURE / DATE (DD MMM YYYY) | | 5. INITIAL REVIEW COMPLETION OF THIS PLAN SHOULD RESULT IN MY OBTAINING THE FOLLOWING DEGREE: | |
| | | TYPE (B.S., B.A., etc.): | MONTH: |
| | | | |
| <div style="color: red; font-weight: bold; font-size: 0.9em;">DO NOT SIGN BLOCK 6 - SIGNATURE REQUIRED AFTER GRADUATION</div> <div style="font-size: 0.8em;">6. I CERTIFY THAT I HAVE SUCCESSFULLY COMPLETED ALL DEGREE REQUIREMENTS & WILL GRADUATE AS STATED IN BLOCK 5.</div> <div style="border-top: 1px solid black; margin-top: 10px; padding-top: 5px;">SIGNATURE OF CADET / DATE (DD MMM YYYY)</div> | | YEAR: | |
| | | | |
| | | STUDENT SIGNATURE / DATE | AFROTC REVIEWER'S SIGNATURE / DATE |
| | | | |
| II. ACADEMIC DEGREE PLAN COMPLETION DIRECTIONS | | | |
| Initial Academic Plan filled out electronically, all changes made with pencil, all signatures blue/black ink, Do NOT reprint each term. | | | |
| PRINTING | MARGINS FOR THIS FORM TO PRINT CORRECTLY SHOULD BE SET TO: TOP / BOTTOM - 0.5", LEFT / RIGHT - 0.5", HEADER / FOOTER - 0.3". PRINT HEAD TO FOOT (FLIP ON SHORT EDGE) | | |
| PART I Block 1,2,3 | Self explanatory. | | |
| PART I Block 4 | Have signed by university advisor signifying initial academic plan review. Initial review only accomplished during first term, DOC/DOG change, major change, or institution change. University representative's signature certifies that satisfactory performance in this academic plan will result in the degree indicated in block 3, by the date listed in block 5. | | |
| PART I Block 5 | Insert information regarding specific degree type. Do not sign until in presence of AFROTC reviewer. | | |
| PART I Block 6 | Do NOT sign until all graduation requirements have been completed. | | |
| PART III YEAR | Enter appropriate year. (BOLD Terms (FALL/SPRING) are required to be completed until graduation.) | | |
| PART III <D+ = Retake | Have academic advisor place "X" in block if D+ or below will require the course to be retaken. AFROTC classes require an "X" in this block. | | |
| PART III Non-trad | Place "X" in block if this is a non-traditional course (correspondence, online, independent study, TV, etc.). | | |
| PART III Transfer | Place "X" in block if this is a course you are planning on taking or have taken outside of Virginia Tech. | | |
| PART III Course # | Place a unique course identifier. If putting an elective place holder be as specific as possible. | | |
| PART III Course Title | Place a unique course title. If putting an elective place holder be as specific as possible. Ensure you enter summer field training during the appropriate term. | | |
| PART III Hrs Attempted | Enter course credit hours. | | |
| PART III Hrs Completed | Filled out by AFROTC reviewer. Not filled out until course is completed. Does not count if failed or retake required. No course will be paid for by AFROTC twice. | | |
| PART III Deviations | Filled out by AFROTC reviewer. | | |
| PART III Advisor Sign | Signed and dated for initial review or current term re-evaluation. Also signed if DOC/DOG change, major change, or institution change. Advisor is certifying that satisfactory completion of plan will result in degree specified in block 3 and completed by date indicated in block 5. | | |
| PART III Student Sign | Signed and dated in front of AFROTC reviewer. | | |
| PART III AFROTC Sign | Signed and dated only after matching Academic Degree Plan to transcripts. | | |

III. ACADEMIC DEGREE PLAN / TERM REVIEW

NAME (Last, First MI):

| Term: | | | | Fall | Year: | AS100 (N/A for AS250s) | | |
|----------------------------|----------|------|----------|---------------|-------|------------------------|---------------------|-----------------------------|
| <C- = Retake | Non Trad | Xfer | Course # | Course Titles | | Credit Hrs Attempt | Credit Hrs Complete | Deviations (W, D, F, I, NC) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Credit Hrs Attempted | | | | | | | | |

Remarks:

University representative's signature certifies that satisfactory performance in this academic plan will result in the degree indicated in block 3, by the date listed in block 5.

University Advisor's Signature / Date (DD MMM YYYY)

Student's Signature / Date (DD MMM YYYY)

AFROTC Reviewer's Signature / Date (DD MMM YYYY)

| Term: | | | | Spring | Year: | | | |
|----------------------------|----------|------|----------|---------------|-------|--------------------|---------------------|-----------------------------|
| <C- = Retake | Non Trad | Xfer | Course # | Course Titles | | Credit Hrs Attempt | Credit Hrs Complete | Deviations (W, D, F, I, NC) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Credit Hrs Attempted | | | | | | | | |

Remarks:

Student's Signature / Date (DD MMM YYYY)

AFROTC Reviewer's Signature / Date (DD MMM YYYY)

| Term: | | | | Winter/Summer | Year: | | | |
|----------------------------|----------|------|----------|---------------|-------|--------------------|---------------------|-----------------------------|
| <C- = Retake | Non Trad | Xfer | Course # | Course Titles | | Credit Hrs Attempt | Credit Hrs Complete | Deviations (W, D, F, I, NC) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Credit Hrs Attempted | | | | | | | | |

Remarks: Ensure FT is documented during appropriate summer.

| | | | | | | | | |
|---|-----------------------------|----------------------|-------------------------|------------------------------|---|---------------------------------------|--|--|
| NAME (Last, First MI): | | | | | | | | |
| Term: | | Fall | Year: | | AS200 / AS250 | | | |
| <small><C- = Retake</small> | <small>Non Trad</small> | <small>Xfer</small> | <small>Course #</small> | <small>Course Titles</small> | | <small>Credit Hrs Attempt</small> | <small>Credit Hrs Complete</small> | <small>Deviations (W, D, F, I, NC)</small> |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <small>Total Credit Hrs Attempted</small> | | | | | | | | |
| <small>Remarks:</small> | | | | | | | | |
| <small>University representative's signature certifies that satisfactory performance in this academic plan will result in the degree indicated in block 3, by the date listed in block 5.</small> | | | | | | | | |
| <small>University Advisor's Signature / Date (DD MMM YYYY)</small> | | | | | | | | |
| <small>Student's Signature / Date (DD MMM YYYY)</small> | | | | | <small>AFROTC Reviewer's Signature / Date (DD MMM YYYY)</small> | | | |
| Term: | | Spring | Year: | | | | | |
| <small><C- = Retake</small> | <small>Non Trad</small> | <small>Xfer</small> | <small>Course #</small> | <small>Course Titles</small> | | <small>Credit Hrs Attempt</small> | <small>Credit Hrs Complete</small> | <small>Deviations (W, D, F, I, NC)</small> |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <small>Total Credit Hrs Attempted</small> | | | | | | | | |
| <small>Remarks:</small> | | | | | | | | |
| <small>Student's Signature / Date (DD MMM YYYY)</small> | | | | | <small>AFROTC Reviewer's Signature / Date (DD MMM YYYY)</small> | | | |
| Term: | | Winter/Summer | Year: | | | | | |
| <small><C- = Retake</small> | <small>Non Trad</small> | <small>Xfer</small> | <small>Course #</small> | <small>Course Titles</small> | | <small>Credit Hrs Attempt</small> | <small>Credit Hrs Complete</small> | <small>Deviations (W, D, F, I, NC)</small> |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <small>Total Credit Hrs Attempted</small> | | | | | | | | |
| <small>Remarks: Ensure FT is documented during appropriate summer.</small> | | | | | | | | |

| | | | | | | | | | |
|--|-----------------------------|----------------------|-------------------------|------------------------------|--------------|--|---------------------------------------|--|--|
| NAME (Last, First MI): | | | | | | | | | |
| Term: | | Fall | Year: | | AS300 | | | | |
| <small><C- = Retake</small> | <small>Non Trad</small> | <small>Xfer</small> | <small>Course #</small> | <small>Course Titles</small> | | | <small>Credit Hrs Attempt</small> | <small>Credit Hrs Complete</small> | <small>Deviations (W, D, F, I, NC)</small> |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total Credit Hrs Attempted | | | | | | | | | |
| Remarks: | | | | | | | | | |
| University representative's signature certifies that satisfactory performance in this academic plan will result in the degree indicated in block 3, by the date listed in block 5. | | | | | | | | | |
| University Advisor's Signature / Date (DD MMM YYYY) | | | | | | | | | |
| Student's Signature / Date (DD MMM YYYY) | | | | | | AFROTC Reviewer's Signature / Date (DD MMM YYYY) | | | |
| Term: | | Spring | Year: | | | | | | |
| <small><C- = Retake</small> | <small>Non Trad</small> | <small>Xfer</small> | <small>Course #</small> | <small>Course Titles</small> | | | <small>Credit Hrs Attempt</small> | <small>Credit Hrs Complete</small> | <small>Deviations (W, D, F, I, NC)</small> |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total Credit Hrs Attempted | | | | | | | | | |
| Remarks: | | | | | | | | | |
| Student's Signature / Date (DD MMM YYYY) | | | | | | AFROTC Reviewer's Signature / Date (DD MMM YYYY) | | | |
| Term: | | Winter/Summer | Year: | | | | | | |
| <small><C- = Retake</small> | <small>Non Trad</small> | <small>Xfer</small> | <small>Course #</small> | <small>Course Titles</small> | | | <small>Credit Hrs Attempt</small> | <small>Credit Hrs Complete</small> | <small>Deviations (W, D, F, I, NC)</small> |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total Credit Hrs Attempted | | | | | | | | | |
| Remarks: Ensure FT is documented during appropriate summer. | | | | | | | | | |

| | | | | | | | | |
|---|-----------------------------|----------------------|-------------------------|------------------------------|--------------|---|--|--|
| NAME (Last, First MI): | | | | | | | | |
| Term: | | Fall | Year: | | AS400 | | | |
| <small><C- = Retake</small> | <small>Non Trad</small> | <small>Xfer</small> | <small>Course #</small> | <small>Course Titles</small> | | <small>Credit Hrs Attempt</small> | <small>Credit Hrs Complete</small> | <small>Deviations (W, D, F, I, NC)</small> |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <small>Total Credit Hrs Attempted</small> | | | | | | | | |
| <small>Remarks:</small> | | | | | | | | |
| <small>University representative's signature certifies that satisfactory performance in this academic plan will result in the degree indicated in block 3, by the date listed in block 5.</small> | | | | | | | | |
| <small>University Advisor's Signature / Date (DD MMM YYYY)</small> | | | | | | | | |
| <small>Student's Signature / Date (DD MMM YYYY)</small> | | | | | | <small>AFROTC Reviewer's Signature / Date (DD MMM YYYY)</small> | | |
| Term: | | Spring | Year: | | | | | |
| <small><C- = Retake</small> | <small>Non Trad</small> | <small>Xfer</small> | <small>Course #</small> | <small>Course Titles</small> | | <small>Credit Hrs Attempt</small> | <small>Credit Hrs Complete</small> | <small>Deviations (W, D, F, I, NC)</small> |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <small>Total Credit Hrs Attempted</small> | | | | | | | | |
| <small>Remarks:</small> | | | | | | | | |
| <small>Student's Signature / Date (DD MMM YYYY)</small> | | | | | | <small>AFROTC Reviewer's Signature / Date (DD MMM YYYY)</small> | | |
| Term: | | Winter/Summer | Year: | | | | | |
| <small><C- = Retake</small> | <small>Non Trad</small> | <small>Xfer</small> | <small>Course #</small> | <small>Course Titles</small> | | <small>Credit Hrs Attempt</small> | <small>Credit Hrs Complete</small> | <small>Deviations (W, D, F, I, NC)</small> |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <small>Total Credit Hrs Attempted</small> | | | | | | | | |
| <small>Remarks: Ensure FT is documented during appropriate summer.</small> | | | | | | | | |

| | | | | | | | | |
|--|-----------------------------|----------------------|-------------------------|------------------------------|--|--|--|--|
| NAME (Last, First MI): | | | | | | | | |
| Term: | | Fall | Year: | | Extended Cadet (5-yr program only) | | | |
| <small><C- = Retake</small> | <small>Non Trad</small> | <small>Xfer</small> | <small>Course #</small> | <small>Course Titles</small> | <small>Credit Hrs Attempt</small> | <small>Credit Hrs Complete</small> | <small>Deviations (W, D, F, I, NC)</small> | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Credit Hrs Attempted | | | | | | | | |
| Remarks: | | | | | | | | |
| University representative's signature certifies that satisfactory performance in this academic plan will result in the degree indicated in block 3, by the date listed in block 5. | | | | | | | | |
| University Advisor's Signature / Date (DD MMM YYYY) | | | | | | | | |
| Student's Signature / Date (DD MMM YYYY) | | | | | AFROTC Reviewer's Signature / Date (DD MMM YYYY) | | | |
| Term: | | Spring | Year: | | Extended Cadet (5-yr program only) | | | |
| <small><C- = Retake</small> | <small>Non Trad</small> | <small>Xfer</small> | <small>Course #</small> | <small>Course Titles</small> | <small>Credit Hrs Attempt</small> | <small>Credit Hrs Complete</small> | <small>Deviations (W, D, F, I, NC)</small> | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Credit Hrs Attempted | | | | | | | | |
| Remarks: | | | | | | | | |
| Student's Signature / Date (DD MMM YYYY) | | | | | AFROTC Reviewer's Signature / Date (DD MMM YYYY) | | | |
| Term: | | Winter/Summer | Year: | | Extended Cadet (5-yr program only) | | | |
| <small><C- = Retake</small> | <small>Non Trad</small> | <small>Xfer</small> | <small>Course #</small> | <small>Course Titles</small> | <small>Credit Hrs Attempt</small> | <small>Credit Hrs Complete</small> | <small>Deviations (W, D, F, I, NC)</small> | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Credit Hrs Attempted | | | | | | | | |
| Remarks: Ensure FT is documented during appropriate summer. | | | | | | | | |