

PLANNED ACADEMIC PROGRAM WORKSHEET

For use of this form, see CC Pam 145-4, the proponent agency is ATCC-PA-C

STATEMENT OF UNDERSTANDING

We, the undersigned, hereby declare that the program outlined on the worksheet (on the reverse side of this statement) that

Cadet _____ is about to under take a formally structured program approved by _____
(FULL NAME, Last, First, MI) (Name of University or College)

designed to meet the requirments of a _____ degree; that the degree to be attained is the culmination of an
(Type of Degree)

undergraduate college program of at least four years; and that the remaining credit hours shown on the worksheet are necessary either to fulfill

discipline requirements or to fulfill credit hour requirements, or both, for the attainment of the degree. If the cadet is an ROTC Scholarship

participant, the scholarship will be in force for the number of semesters indicated in Block 5.

(Date) (MM/DD/YYYY)

(CADET SIGNATURE)

(Date) (MM/DD/YYYY)

(PROFESSOR OF MILITARY SCIENCE SIGNATURE)

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7. TERM, YEAR, COURSE NUMBER, COURSE TITLE, COURSE CREDIT HOURS, CREDITS THAT COUNT TOWARDS ACADEMIC DEGREE, AND ACHIEVED GRADES. (CONTINUED)

H-2

g.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

h.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

i.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

j.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

k.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

l.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

m.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

n.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

o.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

9. REVIEW: All of the above courses are required (as minimum) for the completion of the degree: Yes: No (if no, list exceptions on reverse side of this form). Completion should result in a _____ degree, during (YYMM): _____

10. SIGNATURE OF STUDENT:

11. DATE: (MM/DD/YYYY)

12. SIGNATURE OF REGISTRAR AND EXAMINER OF CREDENTIALS (OR OTHER INSTITUTION CERTIFYING OFFICIAL):

13. DATE: (MM/DD/YYYY)

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DATA REQUIRED BY PRIVACY ACT STATEMENT OF 1974

1. **AUTHORITY:** Title 10, US Code 2101 and 2104
2. **PRINCIPAL PURPOSE(S):** To provide information and data necessary for administering the Army Senior ROTC program, processing, and managing of selected students for commissioning in the Army IAW established public law and Army Regulations.
3. **ROUTINE USE(S):** To provide a projected academic plan to determine if the applicant meets the public law requirements of two remaining academic years.
4. **VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Voluntary information is necessary to determine eligibility of the individual for acceptance, continuance, or discontinuance in the Army ROTC program.

1. NAME OF STUDENT (LAST, FIRST, MI) 	2. ACADEMIC MAJOR 	3. AS OF DATE (MM/DD/YYYY) (Date of form preparation)
4. INSTITUTION OF ATTENDANCE AND IDENTIFICATION a. Name: _____ b. Identification (Check one): Host <input type="checkbox"/> Extension Center <input type="checkbox"/> Cross-Enrolled <input type="checkbox"/> c. If attendance is at an extension center or cross-enrolled school, list the name of the Host Institution: _____	5. CREDIT HOURS Enter Semester or Quarter (S/Q) a. Total required for degree: _____ (1) ROTC Hours that do not count: _____ (2) Total Hours Rqd for NAPS: _____ Normal Academic Progression b. Transfer Credits accepted: _____ c. Credits toward degree Comp to date: _____ d. Remaining for Degree: _____ e. Number of authorized semesters: _____	6. GRADE POINT AVERAGE (GPA) Term: _____ Term: _____ Curr GPA: _____ CUM: _____ Curr GPA: _____ CUM: _____ Term: _____ Term: _____ Curr GPA: _____ CUM: _____ Curr GPA: _____ CUM: _____ Term: _____ Term: _____ Curr GPA: _____ CUM: _____ Curr GPA: _____ CUM: _____ Term: _____ Term: _____ Curr GPA: _____ CUM: _____ Curr GPA: _____ CUM: _____ Term: _____ Term: _____ Curr GPA: _____ CUM: _____ Curr GPA: _____ CUM: _____

7. TERM, YEAR, COURSE NUMBER, COURSE TITLE, COURSE CREDIT HOURS, CREDITS THAT COUNT TOWARDS ACADEMIC DEGREE, AND ACHIEVED GRADES.

H-1

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8. STUDENT INITIALS & DATE:

(Have the student initial and date beside each term to indicate they have been counseled)	TERM 1: _____	TERM 4: _____	TERM 7: _____
	TERM 2: _____	TERM 5: _____	TERM 8: _____
	TERM 3: _____	TERM 6: _____	TERM 9: _____