

PLANNED ACADEMIC PROGRAM WORKSHEET

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

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	2a. CIP CODE	3. AS OF DATE (MM/DD/YYYY) (Date of form preparation)																																									
4. ACADEMIC SCHOOL	5. CREDIT HOURS Select Semester or Quarter (S/Q) <input style="width: 50px;" type="text"/>		6. GRADE POINT AVERAGE (GPA)																																									
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8. STUDENT INITIALS & DATE:	TERM 1: _____	TERM 4: _____	TERM 7: _____
(Have the student initial and date beside each term to indicate they have been counseled)	TERM 2: _____	TERM 5: _____	TERM 8: _____
	TERM 3: _____	TERM 6: _____	TERM 9: _____

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

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:		
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l.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
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m.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
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n.

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

o.

Term:		Year:		
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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 _____ degree, during (Month, Year): _____

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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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)