## PLANNED ACADEMIC PROGRAM WORKSHEET

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

OMB Control Number: 0702-XXXX
OMB Expiration Date: XX/XX/XXXX

The public reporting burden for this collection of information, 0702-XXXX, is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO REQUESTING ROTC PROGRAM.

PRI	THORITY: INCIPAL PUR UTINES USE LUNTARY DIS	POSE: To provide established (S): To provide to provide the control of the contro	e inform d publi	nation ar c law an	nd data d Armv	104 a nece	and 2107 and essary for admulations.	RED BY PRIVACY ACT STA' 2107a. iinistering Army Senior ROTC prog if the applicant meets the public la gibility of the individual for acceptal	ram, pr	ocessinç	g, and r		-		_	ne Army I	AW			
		1. NAME OF STUDENT (LAS	T, FIRS	ST, MI)	С	ade	et ID	2. ACADEMIC MAJOR				2a.	CIP CODE		ATE (MM/DD/YYY	<b>'</b> )				
Re	set Form													(Date of form preparation)  6. GRADE POINT AVERAGE (GPA)						
							5. CREDIT HOURS						Term:	OHADET OHT A		Term:				
4. Type of Degree Currently Pursuing								Select Semester or Quarter <sup>0</sup>						Curr GPA:	CGPA:	Curr GPA:		CGPA:		
7.		b. HOST SCHOOL						a. Total Required for degree		Term:		Terr	n:							
	. Bde	5.11001 001100L						(1) ROTC Hours that do not count:						Curr GPA:	CGPA:	Curr GPA	:	CGPA	۹:	
a 	. Due	A CAREANO COLLOCI											Term:		Term:					
c. ACADEMIC SCHOOL			Number of Required Hrs per Term:						Curr GPA:	CGPA:	Curr GPA	:	CGPA	A:						
									b. Credits toward degree Comp to date: Term:							Terr	n:			
8. ACADEMIC SCHOOL					c. Transfer Credits accepted: Curr GPA:							CGPA:	Curr GPA		CGP	A:				
-		(Check one):						d. Remaining for Degree:		-	0	_		Term:		Terr				
,									e. Number of Authorized S/Qs:					Curr GPA:		Curr GPA	:	CGPA	A:	
9. T	ERM, YEAR	R, COURSE NUMBER (No.),	COUR	SE TIT	LE, C	OUI	RSE CREDI	THOURS (Hrs), ACHIEVED (	GRAD	ES (Gr	d), Al	ND D	ISTANCE	LEARNING (	(DL).					
a.	Term: Year: b. Term:				Year: c. Term:				Term:		Υ	ear:								
u.	No.	Course Title	Hrs.	DL?	Grd.	D.	No.	Course Title	Hrs.	DL?	Grd.		No.	Cou	se Title Hrs.		DL?	Grd.		
			-						-							_				
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		Total Term Hours:	0	0		J		Total Term Hours:	0	0				Tota	al Term Hours	: 0	0			
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d.	d. Term: Year: e. Term:			"				Term:			Year: e Title			,						
	No.	Course Title	Hrs.	. DL?	Grd.		No.	Course Title	Hrs	. DL?	Grd.		No.	Cou	rse Title	Hrs.	DL?	Grd.	ł	
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		Total Term Hours:	0	0				Total Term Hours:	0	0		ł		Tot	tal Term Hour	s: 0	0			
45	071105:15		LU		1.			TERM 4:	<u> </u>	<u> </u>	TERM	. <del>.</del> 7.			TERM 10:					
		ITIALS & DATE:	41	TERM TERM	_			TERM 5:			TERM	-		_	TERM 10: TERM 11:			_		
(Have the student initial and date beside each term they have completed to indicate they have been counseled. TERM 3: TERM 6:											TERM	_			TERM 12:			_		

PLANNED ACADEMIC PROGRAM WORKSHEET  For use of this form, see USACC Pam 145-4, the proponent agency is ATCC-PAS  11. TERM, YEAR, COURSE NUMBER (No.), COURSE TITLE, COURSE CREDIT HOURS (Hrs), ACHIEVED GRADES (Grd), ACHIEVED GRD), ACHIEVED GRADES (GRD), ACHIEVED GRD), ACHIE											OMB Control Number: 07 OMB Expiration Date: XX	(/XX/XX					
11.	TERM, Y	YEAR, COURSE NUMBER (No.)	, COL	JRSE	TITLE,	COU	RSE CRE		GRA	DES (	Grd), A	ND	DISTANCE	LEARNING (DL). (CONTINUE	:D)		
g.	Term:		Year:					Year:			_	i.	Term:	Year:			
	No.	Course Title	Hrs.	DL?	Grd.	-	No.	Course Title	Hrs.	DL?	Grd.		No.	Course Title	Hrs.	DL?	Grd.
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		Total Term Hours:	0	0				Total Term Hours:	0	0				Total Term Hours:	0_	0	
j.	Term: Year:						Term: Year:					I.	Term: Year:				
	No.	Course Title	Hrs.	DL?	Grd.		No.	Course Title	Hrs.	DL?	Grd.		No.	Course Title	Hrs.	DL?	Grd.
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	Term:	Year		LDLO	Grd.		Term: No.	Year:  Course Title Hrs. DL? Grd.					Term:	Year:			Grd.
	No.	Course Title	Hrs.	DL?	Gra.		NO.	Course Title	Hrs.	DL?	Grd.		No.	Course Title	Hrs.	DL?	Gra.
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12. R	EVIEW: All	of the above courses are required (as	s minim	num) foi	the co	npletio	on of the deg	ree: Yes	0	No (if n	o, list e	хсер	tions on rever	rse of this form).			
Completion should result in a (Degree Type) (Academic Discipline)											C	ompletion Date (Month, Year)					
13. S	SIGNATURE	E OF STUDENT:										14	. DATE: (MN	I/DD/YYYY)			
45.0	IONIATUSE	OF DEGICEDAD AND EVANUES	25.02	EDEN:	14100	D DC	TO ADVICE	D (OD OTHER INICTITUTION OF	TIEV	10.055	IOLAL Y	1		<b>IDD</b> 2000			
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## STATEMENT OF UNDERSTANDING

We, th	ne 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	pe attained is the culmination of an					
		(Type of Degree)						
undergrad	duate college program of at leas	t four years or graduate degree program of no more than two years; an	d that the remaining credit hours shown on					
the works	heet are necessary either to fulf	ill discipline requirements or to fulfill credit hour requirements, or both, f	for the attainment of the degree. If the Cadet					
is an ROT	C Scholarship participant, the s	cholarship will be in force for the number of semesters indicated in Block	ck 5.					
IAW USA	CC Pam 145-4, the worksheet	must be reviewed annually (at a minimum) for each contracted Cade	et and revised, as necessary. The worksheet					
must be	authenticated by an appropria	te school academic official (academic advisor/counselor) when com	pleted or revised. The PMS will review the					
workshee	t with the Cadet each school ter	m to monitor alignment/mission set and academic progress. This reviev	v will be noted on Cadet counseling records.					
			· ·					
Anv chan	ges to this degree plan, adding/	dropping classes, or change of major must first be discussed/approved	with the PMS.					
, <b>,</b>	gg p,g-							
			-					
	(Date) (MM/DD/YYYY)	(CADET SIGNATURE)						
	(Date) (MM/DD/YYYY)	(PROFESSOR OF MILITARY SCIENCE SIGNATURE)	-					

Instructions for Planned Academic Program Worksheet USACC 104-R

Reset Form button – erases the form.

- 1. Cadet's name and Cadet ID
- 2. Cadet's Academic Major. 2a. Only used for HQ STEM Scholarships. Not necessary for all other scholarships.
- 3. Date of form preparation or date of form update.
- Select type of degree the Cadet is pursuing Bachelors, Masters, or Associates (MJC Only).
- 5. Block 5 calculates how many scholarship terms the Cadet needs to graduate.

Dropdown: select appropriate term type and degree plan. NOTE: Making the correct selection is required for Block 5 to calculate correctly.

- a. Input the total hours required for the degree
  - 1) Input ROTC hours that are not included in the total for the degree.
  - 2) Populates the sum of 5a and 5a(1)
  - 3) Calculates the average number of hours required for each term based on the selection in the dropdown and the sum from 5a(2).
- b. Input the number of credit hours the Cadet has completed (if any) to date at the school.
- c. Input any transfer credits the school has accepted.
- d. Calculates how many hours the Cadet has remaining for their degree.
- e. Calculates the number of scholarship terms the Cadet needs to complete their degree based on calculations from 5a(3) and 5d.
- 6. Input the term GPA and the cumulative GPA for each term completed.
- 7. Select the Cadet's Brigade, ROTC Program, and Academic School.
- 8. Select Academic School's identification: If the academic school is the same as the Host School, select Host; If the academic school is not the Host School, select either Extension Unit or Cross-Town.
  - 1. Host Academic School is the Same as Host School.
  - 2. Extension Unit Academic School is a manned partner school.
  - 3. Cross-Town Academic School is an unmanned partner school. NOTE: Cadet must take ROTC classes at Host school or nearest manned Extension Unit.
- 9. Each group represents one term. Select the term from the dropdown: Fall, Winter (for quarter schools), Spring, or Summer; Select the year for the term selected; input the Course Number, Course Title, course Credit Hours, check the column for DL? if the class is online. Once the term is finished, input the grade received.
- 10. Student should initial and date beside each term.
- 11. Follow the instructions for #9 above.
- 12. Verify that the courses listed above in #9 and #11 are required for the degree. Input the expected graduation date.
- 13. Signature of Cadet.
- 14. Date Cadet signed document.
- 15. Signature of Registrar or ROTC advisor and other institution certifying official.
- 16. Date certifying official signed document.
- 17. Statement of Understanding. Cadet should read the Statement of Understanding and then sign and date; PMS should sign and date.