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 Control PUPPOPER() To the formula of the formula														
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.														
 ROUTINE USE(S): To provide a projected academic plan to determine if the applicant meets the public law requirements of two remaining academic years. 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) Semester						6. GRADE POINT AVERAGE (GPA) Term: Term: Term:					
a. IDENTIFICATION (Check one):	Host								Curr GPA: CUM: Curr GPA: CGPA:					
Extension Cross-E		4	a. Total required for degree:						Term: Term: Curr GPA: CUM:					
			(1) ROTC Hours that do not count: (2) Total Hours Rgd for NAPS:											
b. HOST SCHOOL	с. п	OST FICE	. ,	demic Progression Standard			_	Curr (
			b. Credits toward degree Comp to date:						Term: Term:					
				Credits accepted:			_		Curr GPA: CUM: Curr GPA: CGPA:					
			d. Remaining for Degree:						Term: Term:					
	e. Number of authorized S/Qs: 8 SE CREDIT HOURS, CREDITS THAT COUNT TOWARDS ACA													
7. TERM, YEAR, COURSE NUMBER, a.	COURSE I	TLE, COUR	SE CREDIT	b.	COUR		VARD		C.	GRADES.				
a. Term:	Year		Term:	D.		Year		ГТ	erm:		Year:			
No. Course Title	Hrs. Cts.	Grd.	No.	Course Title	Hrs.	Cts.	Grd.	No	Course Title	Hrs.	Cts.	Grd.		
Total Term Hours:			Total Term Hours:						Total Term Hours:					
d.	e.						f.							
Term:	Year:		Term:				Term:		Year:					
No. Course Title	Hrs. Cts.	Grd.	No.	Course Title	Hrs.	Cts.	Grd.	No	Course Title	Hrs.	Cts.	Grd.		
	+ $+$ $-$	\vdash												
Total Term Hours:				Total Term Hours:					Total Term Hours	5:				
8. STUDENT INITIALS & DATE: TERM 1: (Have the student initial and date beside each TERM 2:			TERM 4: TERM 5:						TERM 7: TERM 8:					
(Have the student initial and date beside each term to indicate they have been counseled)		TERM 5:					TERM 9:							
	TERM 3				ιE	INIVI 0			IER	JVI 9.	_			

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				or use of this form	NED ACADEMIC PROC n, see USACC Pam 145-4,	the pro	ponen	t agen	cy is AT						
TERM, YEA	AR, COURSE NUMBER,	COURSE	TITLE, (COURSE CREDIT		COUN	IT TO	VARDS	S ACAE	DEMIC DEGR	REE, AND ACHIEVED GRAD	DES. (C	ONTIN	UED)	
	g.				h.			1		_	i.				
Term:	Course Title	Ye		Term:	Course Title	11	Year			Term: No.	Course Title	Line	Year:		
No.	Course little	Hrs. Cts	s. Gra.	No.	Course little	Hrs.	Cts.	Grd.		NO.	Course little	Hrs.	Cts.	Gra.	
	Total Term Hours:				Total Term Hours:						Total Term Hours:	_			
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Term:	J.	Ye	ar:	Term:	k. Term: Year:					l. Term: Year:					
No.	Course Title		Grd.	No.	Course Title	Hrs.		Grd.		No.	Course Title	Hrs.	Cts.	Grd.	
		+ $+$	_	·											
	Total Term Hours:				Total Term Hours:					U	Total Term Hours:				
	m.				n.				-		0.				
Term:		Ye		Term:			Year			Term:			Year:		
No.	Course Title	Hrs. Cts	Grd.	No.	Course Title	Hrs.	Cts.	Grd.		No.	Course Title	Hrs.	Cts.	Grd.	
			_												
	Total Tame Illauma		_		Total Tama Hauna						Total Tama Harman				
L	Total Term Hours:				Total Term Hours:						Total Term Hours:				
		.,													
	f the above courses are requir	rea (as min	mum) for	the completion of the	e degree: Yes			NO (if n	no, list ex	ceptions on re	verside of this form).				
pletion should	result in					degree	e, during	(Month	n, Year):						
SIGNATURE OF STUDENT:							11. DATE: (M	(IM/DD/YYYY)							
GIGNATURE OF REGISTRAR AND EXAMINER OF CREDENTIALS (OR OTHER INSTITUTION CERTIFYING OFFICIAL):							13. DATE: (N	IM/DD/YYYY)							

PLANNED ACADEMIC PROGRAM WORKSHEET For use of this form, see USACC 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(FULL NAME, Last, First, MI)	is about to under take a formally structured program approved by	(Name of University or College)							
designed to meet the requirments of a	(Type of Degree) degree; that the degree to be	e attained is the culmination of an							
undergraduate college program of at lea	ast four years; and that the remaining credit hours shown on the worksh	eet are necessary either to fulfill							
discipline requirements or to fulfill credit	hour requirements, or both, for the attainment of the degree. If the Cac	det is an ROTC Scholarship							
participant, the scholarship will be in for	ce for the number of semesters indicated in Block 5.								
(Date) (MM/DD/YYYY)	(CADET SIGNATURE)								
(Date) (MM/DD/YYYY)	(PROFESSOR OF MILITARY SCIENCE SIGNATURE)								