

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
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DATA REQUIRED BY PRIVACY ACT STATEMENT OF 1974	
1. Name	2. Address
3. Date of Birth	4. Sex
5. Race	6. Religion
7. Education	8. Occupation
9. Marital Status	10. Number of Children
11. Date of Marriage	12. Date of Divorce
13. Date of Death	14. Date of Burial
15. Date of Cremation	16. Date of Interment
17. Date of Disinterment	18. Date of Reinterment
19. Date of Exhumation	20. Date of Reburial
21. Date of Reinterment	22. Date of Reburial
23. Date of Reinterment	24. Date of Reburial
25. Date of Reinterment	26. Date of Reburial
27. Date of Reinterment	28. Date of Reburial
29. Date of Reinterment	30. Date of Reburial
31. Date of Reinterment	32. Date of Reburial
33. Date of Reinterment	34. Date of Reburial
35. Date of Reinterment	36. Date of Reburial
37. Date of Reinterment	38. Date of Reburial
39. Date of Reinterment	40. Date of Reburial
41. Date of Reinterment	42. Date of Reburial
43. Date of Reinterment	44. Date of Reburial
45. Date of Reinterment	46. Date of Reburial
47. Date of Reinterment	48. Date of Reburial
49. Date of Reinterment	50. Date of Reburial
51. Date of Reinterment	52. Date of Reburial
53. Date of Reinterment	54. Date of Reburial
55. Date of Reinterment	56. Date of Reburial
57. Date of Reinterment	58. Date of Reburial
59. Date of Reinterment	60. Date of Reburial
61. Date of Reinterment	62. Date of Reburial
63. Date of Reinterment	64. Date of Reburial
65. Date of Reinterment	66. Date of Reburial
67. Date of Reinterment	68. Date of Reburial
69. Date of Reinterment	70. Date of Reburial
71. Date of Reinterment	72. Date of Reburial
73. Date of Reinterment	74. Date of Reburial
75. Date of Reinterment	76. Date of Reburial
77. Date of Reinterment	78. Date of Reburial
79. Date of Reinterment	80. Date of Reburial
81. Date of Reinterment	82. Date of Reburial
83. Date of Reinterment	84. Date of Reburial
85. Date of Reinterment	86. Date of Reburial
87. Date of Reinterment	88. Date of Reburial
89. Date of Reinterment	90. Date of Reburial
91. Date of Reinterment	92. Date of Reburial
93. Date of Reinterment	94. Date of Reburial
95. Date of Reinterment	96. Date of Reburial
97. Date of Reinterment	98. Date of Reburial
99. Date of Reinterment	100. Date of Reburial

AUTHORITY: Title 10, US Code § 2101 and 2104 and 2107 and 2107a.

PRINCIPAL PURPOSE:	To provide information and data necessary for administering Army Senior ROTC program, processing, and managing of selected students for commissioning in the Army IAW established public law and Army Regulations.
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ROUTINES USE(S): To provide a projected academic plan to determine if the applicant meets the public law requirements of two remaining academic years. Voluntary information is submitted to determine eligibility of the individual for postsecondary opportunities, or discontinuation in the Army ROTC program.

VOLUNTARY DISCLOSURE: 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)	Cadet ID	2. ACADEMIC MAJOR	2a. CIP CODE	3. AS OF DATE (MM/DD/YYYY) (Date of form preparation)	
4. Type of Degree Currently Pursuing			5. CREDIT HOURS Select Semester or Quarter a. Total Required for degree: (1) ROTC Hours that do not count: (2) Total Hours Rqd for degree: Number of Required Hrs per Term: b. Credits toward degree Comp to date: c. Transfer Credits accepted: d. Remaining for Degree: e. Number of Authorized S/Qs:		6. GRADE POINT AVERAGE (GPA)	
					Term: Curr GPA: CGPA: Curr GPA: CGPA: Term: Curr GPA: CGPA: Curr GPA: CGPA: Term: Curr GPA: CGPA: Curr GPA: CGPA: Term: Curr GPA: CGPA: Curr GPA: CGPA: Term: Curr GPA: CGPA: Curr GPA: CGPA:	
7. b. HOST SCHOOL a. Bde c. ACADEMIC SCHOOL						
8. ACADEMIC SCHOOL IDENTIFICATION (Check one):						

9. TERM, YEAR, COURSE NUMBER (No.), COURSE TITLE, COURSE CREDIT HOURS (Hrs), ACHIEVED GRADES (Grd), AND DISTANCE LEARNING (DL).

a.	Term:		Year:		
	No.	Course Title	Hrs.	DL?	Grd.
		Total Term Hours:			

b.	Term:		Year:		
	No.	Course Title	Hrs.	DL?	Grd.
		Total Term Hours:			

c.	Term:		Year:		
	No.	Course Title	Hrs.	DL?	Grd.
		Total Term Hours:			

d.	Term:		Year:		
	No.	Course Title	Hrs.	DL?	Grd.
		Total Term Hours:			

e.	Term:		Year:		
	No.	Course Title	Hrs.	DL?	Grd.
		Total Term Hours:			

f.	Term:		Year:		
	No.	Course Title	Hrs.	DL?	Grd.
		Total Term Hours:			

10. STUDENT INITIALS & DATE: (Have the student initial and date beside each term they have completed to indicate they have been counseled.	TERM 1:	TERM 4:	TERM 7:	TERM 10:
	TERM 2:	TERM 5:	TERM 8:	TERM 11:
	TERM 3:	TERM 6:	TERM 9:	TERM 12:

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11. TERM, YEAR, COURSE NUMBER (No.), COURSE TITLE, COURSE CREDIT HOURS (Hrs), ACHIEVED GRADES (Grd), AND DISTANCE LEARNING (DL). (CONTINUED)

g.	Term:	Year:			
	No.	Course Title	Hrs.	DL?	Grd.
		Total Term Hours:			

h.	Term:	Year:			
	No.	Course Title	Hrs.	DL?	Grd.
		Total Term Hours:			

i.	Term:	Year:			
	No.	Course Title	Hrs.	DL?	Grd.
		Total Term Hours:			

j.	Term:	Year:			
	No.	Course Title	Hrs.	DL?	Grd.
		Total Term Hours:			

k.	Term:	Year:			
	No.	Course Title	Hrs.	DL?	Grd.
		Total Term Hours:			

l.	Term:	Year:					
	No.	Course Title	Hrs.	DL?	Grd.		
		Total Term Hours:					

m.	Term:	Year:			
	No.	Course Title	Hrs.	DL?	Grd.
		Total Term Hours:			

n.	Term:	Year:			
	No.	Course Title	Hrs.	DL?	Grd.
		Total Term Hours:			

o.	Term:	Year:					
	No.	Course Title	Hrs.	DL?	Grd.		
		Total Term Hours:					

12. REVIEW: All of the above courses are required (as minimum) for the completion of the degree:	Yes	No (if no, list exceptions on reverse of this form)
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Completion should result in a (Degree Type)	(Academic Discipline)	Completion Date (Month, Year)

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Completion should result in a (Degree Type)	(Academic Discipline)	Completion Date (Month, Year)

13. SIGNATURE OF STUDENT:

14. DATE: (MM/DD/YYYY)

15. SIGNATURE OF REGISTRAR AND EXAMINER OF CREDENTIALS OR ROTC ADVISOR (OR OTHER INSTITUTION CERTIFYING OFFICIAL):

16. DATE: (MM/DD/YYYY)

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OMB Expiration Date: XX/XX/XXXX**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 attained is the culmination of an

undergraduate college program of at least four years or graduate degree program of no more than two 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.

IAW USACC Pam 145-4, the worksheet must be reviewed annually (at a minimum) for each contracted Cadet and revised, as necessary. The worksheet must be authenticated by an appropriate school academic official (academic advisor/counselor) when completed or revised. The PMS will review the worksheet with the Cadet each school term to monitor alignment/mission set and academic progress. This review will be noted on Cadet counseling records.

Any changes to this degree plan, adding/dropping classes, or change of major must first be discussed/approved with the PMS.

(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.
4. 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.