

ACADEMIC DEGREE PLAN WORKSHEET

Cadets must provide an academic degree plan in their first term and recertify or update it each fall term and with any significant changes (e.g., major change, commissioning date change).

CADETS:

1. Complete and keep your Academic Degree Plan (ADP) up-to-date based on your approved AFROTC Degree and the Date of Commission (DOC) or Date of Graduation (DOG) listed in WINGS. Note: A new ADP must be attached to a Cadet Personnel Action Request (CPAR) if you are updating your Degree or DOC/DOG.
2. Submit the plan to your Academic Advisor for their review and approval.
3. Once signed by both you and your Academic Advisor, submit the plan to your AS Instructor during you Term Counseling for final review and approval.

Important Note: Per AFROTCI 36-2011 Vol 3, this worksheet must be reviewed and recertified at least annually, each Fall term for every cadet. Revisions should be made as needed. The Worksheet must be approved by an appropriate school academic official (academic advisor/counselor) whenever it is completed or updated. The Professor of Aerospace Studies (PAS), Assistant Professor of Aerospace Studies (APAS), or Accessions Instructor (8B3) will review the worksheet with the cadet each Fall term to ensure it aligns with commissioning requirements and academic progress. This review will be documented in the cadet's counseling records.

Any changes to this degree plan, including adding or dropping classes or changing your major, must first be discussed and approved by the PAS, APAS, or 8B3.

Reset Form	1a. STUDENT'S NAME (Last, First, MI)	1b. EMPLID	2a. ACADEMIC MAJOR	2b. CIP CODE	3. AS OF DATE (MM/DD/YYYY) (Date of form preparation)
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4. TYPE OF DEGREE CURRENTLY PURSUING: 7. DETACHMENT/UNIVERSITY INFORMATION: 7a. DETACHMENT #: 7b. HOST UNIVERSITY: 7c. CROSSTOWN (IF APPLICABLE)	5. CREDIT HOURS: Select Semester or Quarter ☐ ☐ 5a. Total Required For Degree: 5b. Transfer Credits Accepted: 5c. Other Credit Info (as needed):	6. GRADE POINT AVERAGE (GPA):
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TERM:					YEAR:				
Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Grade	Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Grade
TOTAL TERM HOURS AND GRADE					TOTAL TERM HOURS AND GRADE				

REMARKS	REMARKS
Fall Term Reevaluation Complete: _____ Signature/Date of Institution Official	
STUDENT'S SIGNATURE	AFROTC REVIEWER'S SIGNATURE/DATE
STUDENT'S SIGNATURE	AFROTC REVIEWER'S SIGNATURE/DATE

1. NAME (Last, First, MI)									
TERM: YEAR:					TERM: YEAR:				
Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Grade	Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Grade
TOTAL TERM HOURS AND GRADE					TOTAL TERM HOURS AND GRADE				
REMARKS					REMARKS				
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TERM: YEAR:					TERM: YEAR:				
Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Grade	Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Grade
TOTAL TERM HOURS AND GRADE					TOTAL TERM HOURS AND GRADE				
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