

# Air Education and Training Command

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*Develop America's Airmen Today ... for Tomorrow*



## AFROTC Form 48 Academic Plan

**U.S. AIR FORCE**

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*Integrity - Service - Excellence*



# Requirements



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- Applicants and cadets must have a completed academic plan by the end of their first term in AFROTC, prior to competing for a scholarship, or prior to PSP, whichever occurs earlier.
  - Fill out form in pencil – have completed BEFORE advisor appt using [asu.edu](http://asu.edu) course catalog
- It must show full-time student status (12+ credit hours) every term with the exception of your last term in AFROTC
- It must show cadet completing 2 years in the POC (exception - 1 year program applicants)
- Must be maintained and updated accordingly
- Changes in Major/Graduation date **MUST** be approved through the cadre before updating your DARS through your advisor



# Completion of 48



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**\*USE PENCIL. The only sections(s) that require a black pen are the signature boxes.**

Self-Explanatory

School/Det #

Only one

<b>I. ADMINISTRATIVE DATA</b> <small>(Shaded areas are for detachment use only)</small>		
1. NAME (Last, First, MI)	2. ACADEMIC INSTITUTION/AFROTC DETACHMENT	3. ACADEMIC MAJOR
4. INSTITUTIONAL OFFICIAL REVIEW	5. INITIAL REVIEW	
INSTITUTION OFFICIALS SIGNATURE/DATE	COMPLETION OF THIS EDUCATION PLAN SHOULD RESULT IN MY OBTAINING A DEGREE DURING _____	
<b>DO NOT SIGN BLOCK 6--SIGNATURE REQUIRED AFTER GRADUATION</b>		
6. I CERTIFY THAT I HAVE SUCCESSFULLY COMPLETED ALL DEGREE REQUIREMENTS AND WILL GRADUATE AS STATED IN BLOCK 5.	STUDENT'S SIGNATURE	AFROTC REVIEWER'S SIGNATURE/DATE
SIGNATURE OF CADET/DATE _____		
<b>II. ACADEMIC PLAN/TERM REVIEW</b>		

Academic Advisor within your college program signs AND dates upon initial completion/review in pen

**DO NOT SIGN** until Bachelors Degree is obtained

Month and Year of graduation (include Fiscal Year in parentheses)  
Cadet's signature upon initial completion, in pen

BS, BA, etc., as applicable  
AFROTC instructor signature/date upon Advisor concurrence



# Completion of 48



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i.e. Fall

i.e. 2017

Indicated in university catalog [www.asu.edu](http://www.asu.edu) (i.e, AES101)

Enter credit hours course is worth; Place sum at bottom

Use short, abbreviated course titles when possible (i.e, Physical Training). If you are not sure of the specific elective in future semesters- "elective" & the credit hr requirement will suffice for now

To be completed during mid-term Counseling with cadre. You **do not** complete this portion

TERM: →		YEAR: ←		
Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations
TOTAL CREDIT HOURS ATTEMPTED				
REMARKS				
STUDENT'S SIGNATURE		AFOTC REVIEWER'S SIGNATURE/DATE		



# Example



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I. ADMINISTRATIVE DATA <small>(Shaded areas are for detachment use only)</small>									
1. NAME (Last, First, MI) <u>Jones, George R</u>			2. ACADEMIC INSTITUTION/AFOTC DETACHMENT <u>ASU / Det 025</u>			3. ACADEMIC MAJOR <u>Aerospace Engineering</u>			
4. INSTITUTIONAL OFFICIAL REVIEW					5. INITIAL REVIEW				
INSTITUTION OFFICIALS SIGNATURE/DATE <u>Amanda Roben 5 Aug 2014</u>					COMPLETION OF THIS EDUCATION PLAN SHOULD RESULT IN MY OBTAINING A DEGREE DURING <u>May 2017 (FY2017)</u> <u>B.S.</u>				
DO NOT SIGN BLOCK 6—SIGNATURE REQUIRED AFTER GRADUATION									
6. I CERTIFY THAT I HAVE SUCCESSFULLY COMPLETED ALL DEGREE REQUIREMENTS AND WILL GRADUATE AS STATED IN BLOCK 5.					STUDENT'S SIGNATURE <u>George Jones</u>		AFOTC REVIEWER'S SIGNATURE/DATE <u>[Signature] 7 Aug 14</u>		
SIGNATURE OF CADET/DATE									
II. ACADEMIC PLAN/TERM REVIEW									
TERM: <u>FALL</u> YEAR: <u>2014</u>					TERM: <u>SPRING</u> YEAR: <u>2015</u>				
Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations	Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations
<u>AES201</u>	<u>Aerospace Studies</u>	<u>2</u>							
<u>AES202</u>	<u>LLAB</u>	<u>0</u>							
<u>AES294</u>	<u>PT</u>	<u>2</u>							
<u>ENG101</u>	<u>English Comp I</u>	<u>3</u>							
<u>CHE101</u>	<u>Chemistry</u>	<u>4</u>							
<u>MAT261</u>	<u>Calc. I</u>	<u>4</u>							
TOTAL CREDIT HOURS ATTEMPTED		<u>15</u>			TOTAL CREDIT HOURS ATTEMPTED				
REMARKS					REMARKS Fall Term Reevaluation Complete: Signature/Date of Institution Official _____				
STUDENT'S SIGNATURE			AFOTC REVIEWER'S SIGNATURE/DATE		STUDENT'S SIGNATURE			AFOTC REVIEWER'S SIGNATURE/DATE	