**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
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.
3. **ROUTINE USE(S):** To provide a projected academic plan to determine if the applicant meets the public law requirements of two remaining academic years.
4. **VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION** Voluntary information is necessary to determine eligibility of the individual for acceptance, continuation, or discontinuance in the Army ROTC program.

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1. **NAME OF STUDENT (LAST, FIRST, MI)**
2. **ACADEMIC MAJOR**
3. **AS OF DATE (MM/DD/YYYY)**
4. **ACADEMIC SCHOOL**
   - Brigham Young University
5. **CREDIT HOURS**
   - Select Semester or Quarter (S/Q) __________
   - a. Total required for degree: __________
   - (1) ROTC Hours that do not count: __________
   - (2) Total Hours Req'd for NAPS: __________
   - Normal Academic Progression Standard
   - 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: __________
   - CUM: __________
   - CGPA: __________
   - Term: __________
   - Curr GPA: __________
   - CUM: __________
   - CGPA: __________
   - Term: __________
   - Curr GPA: __________
   - CUM: __________
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   - CUM: __________
   - CGPA: __________
   - Term: __________
   - Curr GPA: __________
   - CUM: __________
   - CGPA: __________

7. **TERM, YEAR, COURSE NUMBER, COURSE TITLE, COURSE CREDIT HOURS, CREDITS THAT COUNT TOWARDS ACADEMIC DEGREE, AND ACHIEVED GRADES.**

   ---|---|---|---|---|---|---|---|

   **Total Term Hours:**

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

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**USACC Form 104-R, SEP 13**
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Total Term Hours: 

9. REVIEW: All of the above courses are required (as minimum) for the completion of the degree: 
   Yes [ ]  No [ ] (if no, list exceptions on reverside of this form).

Completion should result in:
   [ ] degree, during (Month, Year):

10. SIGNATURE OF STUDENT: 

11. DATE: (MM/DD/YYYY) 

12. SIGNATURE OF REGISTRAR AND EXAMINER OF CREDENTIALS (OR OTHER INSTITUTION CERTIFYING OFFICIAL):

13. DATE: (MM/DD/YYYY)
We, the undersigned, hereby declare that the program outlined on the worksheet (on the reverse side of this statement) that Cadet _____________________________ is about to undertake a formally structured program approved by _____________________________ (Name of University or College) designed to meet the requirements of a _____________________________ degree; that the degree to be attained is the culmination of an undergraduate college program of at least four 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.

(CADET SIGNATURE)

(Date) (MM/DD/YYYY)

(FULL NAME, Last, First, MI)

(TYPE OF DEGREE)

(INTERNET ADDRESS)

(EMAIL ADDRESS)

(ADDRESS)

(STATE) (ZIP CODE)

(PROFESSOR OF MILITARY SCIENCE SIGNATURE)

(Date) (MM/DD/YYYY)