

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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The public reporting burden for this collection of information, 0702-XXXX, is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO REQUESTING ROTC PROGRAM.**

DATA REQUIRED BY PRIVACY ACT STATEMENT OF 1974	
1	NAME
2	ADDRESS
3	CITY
4	STATE
5	ZIP
6	DATE OF BIRTH
7	SEX
8	RACE
9	RELIGION
10	POLITICAL AFFILIATION
11	EDUCATION
12	OCCUPATION
13	INCOME
14	PROPERTY
15	VEHICLE REGISTRATION
16	DRIVER LICENSE
17	CRIMINAL RECORD
18	PSYCHIATRIC RECORD
19	PHYSICAL RECORD
20	PSYCHOLOGICAL RECORD
21	RECORD OF MENTAL ILLNESS
22	RECORD OF SUBSTANCE ABUSE
23	RECORD OF SEXUAL ABUSE
24	RECORD OF VIOLENCE
25	RECORD OF OTHER CRIMINAL ACTS
26	RECORD OF OTHER PSYCHIATRIC ACTS
27	RECORD OF OTHER PHYSICAL ACTS
28	RECORD OF OTHER PSYCHOLOGICAL ACTS
29	RECORD OF OTHER MENTAL ILLNESS ACTS
30	RECORD OF OTHER SUBSTANCE ABUSE ACTS
31	RECORD OF OTHER SEXUAL ABUSE ACTS
32	RECORD OF OTHER VIOLENCE ACTS
33	RECORD OF OTHER CRIMINAL ACTS
34	RECORD OF OTHER PSYCHIATRIC ACTS
35	RECORD OF OTHER PHYSICAL ACTS
36	RECORD OF OTHER PSYCHOLOGICAL ACTS
37	RECORD OF OTHER MENTAL ILLNESS ACTS
38	RECORD OF OTHER SUBSTANCE ABUSE ACTS
39	RECORD OF OTHER SEXUAL ABUSE ACTS
40	RECORD OF OTHER VIOLENCE ACTS
41	RECORD OF OTHER CRIMINAL ACTS
42	RECORD OF OTHER PSYCHIATRIC ACTS
43	RECORD OF OTHER PHYSICAL ACTS
44	RECORD OF OTHER PSYCHOLOGICAL ACTS
45	RECORD OF OTHER MENTAL ILLNESS ACTS
46	RECORD OF OTHER SUBSTANCE ABUSE ACTS
47	RECORD OF OTHER SEXUAL ABUSE ACTS
48	RECORD OF OTHER VIOLENCE ACTS
49	RECORD OF OTHER CRIMINAL ACTS
50	RECORD OF OTHER PSYCHIATRIC ACTS
51	RECORD OF OTHER PHYSICAL ACTS
52	RECORD OF OTHER PSYCHOLOGICAL ACTS
53	RECORD OF OTHER MENTAL ILLNESS ACTS
54	RECORD OF OTHER SUBSTANCE ABUSE ACTS
55	RECORD OF OTHER SEXUAL ABUSE ACTS
56	RECORD OF OTHER VIOLENCE ACTS
57	RECORD OF OTHER CRIMINAL ACTS
58	RECORD OF OTHER PSYCHIATRIC ACTS
59	RECORD OF OTHER PHYSICAL ACTS
60	RECORD OF OTHER PSYCHOLOGICAL ACTS
61	RECORD OF OTHER MENTAL ILLNESS ACTS
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90	RECORD OF OTHER PSYCHIATRIC ACTS
91	RECORD OF OTHER PHYSICAL ACTS
92	RECORD OF OTHER PSYCHOLOGICAL ACTS
93	RECORD OF OTHER MENTAL ILLNESS ACTS
94	RECORD OF OTHER SUBSTANCE ABUSE ACTS
95	RECORD OF OTHER SEXUAL ABUSE ACTS
96	RECORD OF OTHER VIOLENCE ACTS
97	RECORD OF OTHER CRIMINAL ACTS
98	RECORD OF OTHER PSYCHIATRIC ACTS
99	RECORD OF OTHER PHYSICAL ACTS
100	RECORD OF OTHER PSYCHOLOGICAL ACTS

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 provided to determine eligibility of the individual for passport law requirements, or discounting fees in the J-1 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: Term: Curr GPA: CGPA: Curr GPA: CGPA: Term: Term: Curr GPA: CGPA: Curr GPA: CGPA: Term: Term: Curr GPA: CGPA: Curr GPA: CGPA: Term: Term: Curr GPA: CGPA: Curr GPA: CGPA: Term: Term: Curr GPA: CGPA: Curr GPA: CGPA:	
7. b. HOST SCHOOL a. Bde c. ACADEMIC SCHOOL						
8. ACADEMIC SCHOOL IDENTIFICATION (Check one):						

[illegible]

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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[illegible]

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:			

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OMB Control Number: 0702-XXXX
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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.