REPORT TO TRAINING AGENCY For use of this form, see AR 621-1; the proponent agency is DCS, G-1. DATA REQUIRED BY THE PRIVACY ACT OF 1974 **AUTHORITY:** Section 301, Title 5, USC; and Section 3013, Title 10. To provide a continuing contact with the military student while in attendance at a civilian school PRINCIPAL PURPOSE: under a military sponsored program. Data collected is used to identify the school; to monitor the subject studies; to obtain student ROUTINE USES: response to selected question; to identify the Army program; to obtain course title /s/, credit hours and grades; to obtain academic plan including faculty advisor awareness; and to establish an address including home phone whereby the military student can be contacted since, normally, the student will reside off-post. Disclosure of information is mandatory. If required information is not provided removal from the DISCLOSURE: school could result or military student could be subject to a violation of Article 92 UCMJ. Last Name - First Name - Middle Initial Grade Social Security No. Branch/MOS Current Mailing Address (Include ZIP Code) Home Phone (Include Area Army Program (Check one) Code) ☐ Fully Funded □ Scholarship Degree Completion Cooperative Degree Name of School (City & State) Electronic Mail Address Type System (Check one) Semester Quarter Other Department and Major Field of Study Official Title of Degree Which You Expect to Date Receive Expected QUARTER, SEMESTER OR TERM JUST COMPLETED QUARTER, SEMESTER OR TERM UPCOMING Began **Ended** Begins Will Fnd SUBJECTS STUDIED DURING ABOVE PERIOD SUBJECTS TO BE STUDIED Credit Credit Course Course GRADE Course Title Course Title Hours No. Hours No. Give reason for any absence which may affect your ability to keep up with your studies (Sickness, leave, or other emergencies) If you are having any difficulty with your academic work, give pertinent details If any subjects have been dropped since last report, give reasons If any subjects outside of normal prescribed course have been added since last report, give complete information (If added course will necessitate a change in present contract, clearance must be obtained from the training agency.) Remarks (Enter any recommendations, observations, or requests you desire to make) The reverse side of this form will be completed by the student and faculty advisor initially upon entry into school and when changes to NOTE: academic programs are required. Date Signature of Student

ACADEMIC PLAN

Military students will provide information concerning entire academic program they plan to undertake. This plan will be completed initially upon entry into school and when changes to the original plan occur. It will be completed in consolidation with and have the approval of assigned faculty advisor.

1st Semester (Quarter) (Term)				5th Semester (Quarter) (Term)			
Dates: From To			Dates: From To				
Course No.	Course Title	Credit Hrs	Course No.	Course Title	Credit Hrs		
2nd Semester (Quarter) (Term)			6th Semester (Quarter) (Term)				
Dates:	Dates: From To		Dates: From To				
Course No.	Course Title	Credit Hrs	Course No.	Course Title	Credit Hrs		
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					<u> </u>		
3rd Semester (Quarter) (Term)			7th Semester (Quarter) (Term)				
Dates:	From To		Dates:	From To	Т		
Course No.	Course Title	Credit Hrs	Course No.	Course Title	Credit Hrs		
					1		
4th Semester (Quarter) (Term)			8th Semester (Quarter) (Term)				
Dates:	From To		Dates:	From To	_		
Course No.	Course Title	Credit Hrs	Course No.	Course Title	Credit Hrs		
This pl	an represents an estimate of the number and sequer	nce of cours	ses that are	e required for satisfactory completion of all academic			
	ements. The plan is subject to change depending upon original) plan (cross out inapplicable wording.).	actual cour	se offering	gs during the period specified. This is (an original) (a cha	ange		
FACUL	TY ADVISOR						
NAME	:						
DEPT:			(Signature - Faculty Advisor)				
TELEPHONE:			(Signature - Student)				