

How To Fill Out The: USACC Form 104-R



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Block 6 (Grade Point Average) Complete for all college terms completed.

Block 8 (Student Initials & Date) This is completed after initial 104-R has been completed during semester counseling / review.

PLANNED ACADEMIC PROGRAM WORKSHEET

For use of this form, see USACC Pam 145-4, the proponent agency is ATCC-F

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 service members in the Army ROTC program.
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, continuance, or discontinuance in the Army ROTC program.

1. NAME OF STUDENT (LAST, FIRST, MI) Patton, George S.		2. ACADEMIC MAJOR Business Administration	2a. CIP CODE	3. AS OF DATE (MM/DD/YYYY) (Date of form preparation) 11/26/2013
4. ACADEMIC SCHOOL University of Tennessee - Knoxville		5. CREDIT HOURS Select Semester or Quarter (S/Q) Semester		6. GRADE POINT AVERAGE (GPA)
a. IDENTIFICATION (Check one): Host <input checked="" type="checkbox"/> Extension Center <input type="checkbox"/> Cross Enrolled <input type="checkbox"/>		a. Total required for degree 120 (1) ROTC Hours that do not count: 20 (2) Total Hours Rqd for NAPS: 140 Normal Academic Progression Standard: 13		Term: _____ Curr GPA: _____ CUM: _____ Curr GPA: _____ CGPA: _____
b. HOST SCHOOL University of Tennessee - Knoxville		c. HOST FICE 003530		Term: _____ Curr GPA: _____ CUM: _____ Curr GPA: _____ CGPA: _____
		b. Credits toward degree complete to date: _____		Term: _____ Curr GPA: _____ CUM: _____ Curr GPA: _____ CGPA: _____
		c. Transfer Credits accepted: _____		Term: _____ Curr GPA: _____ CUM: _____ Curr GPA: _____ CGPA: _____
		d. Remaining for Degree: 140		Term: _____ Curr GPA: _____ CUM: _____ Curr GPA: _____ CGPA: _____
		e. Number of authorized S/Qs: 8		Term: _____ Curr GPA: _____ CUM: _____ Curr GPA: _____ CGPA: _____
7. TERM, YEAR, COURSE NUMBER, COURSE TITLE, COURSE CREDIT HOURS, CREDITS THAT COUNT TOWARDS ACADEMIC DEGREE, AND ACHIEVED GRADES.				

DO NOT
COMPLETE

CIP Code
Advisor should
know, otherwise
Mrs. DeWalt will
complete

MUST be the
latest form.
Earlier versions
are not accepted.

a.		b.		c.	
Term: _____ Year: _____		Term: _____ Year: _____		Term: _____ Year: _____	
Course Title		Course Title		Course Title	
Hrs.	Cts.	Hrs.	Cts.	Hrs.	Cts.
Grd.		Grd.		Grd.	
Total Term Hours:		Total Term Hours:		Total Term Hours:	
d.		e.		f.	
Term: _____ Year: _____		Term: _____ Year: _____		Term: _____ Year: _____	
Course Title		Course Title		Course Title	
Hrs.	Cts.	Hrs.	Cts.	Hrs.	Cts.
Grd.		Grd.		Grd.	
Total Term Hours:		Total Term Hours:		Total Term Hours:	
8. STUDENT INITIALS & DATE:					
TERM 1: _____		TERM 4: _____		TERM 7: _____	
TERM 2: _____		TERM 5: _____		TERM 8: _____	
TERM 3: _____		TERM 6: _____		TERM 9: _____	

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PLANNED ACADEMIC PROGRAM WORKSHEET

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

g.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

h.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

i.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

j.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

k.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

l.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

m.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

n.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

o.

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
Total Term Hours:				

Must fill out type of Degree, check "Yes" or "No", and put Month/Year of graduation.

Cadet must sign and date

9. REVIEW: All of the above courses are required (as minimum) for the completion of the degree:

☐ Yes

☐ NO (if no, list exceptions on reverse 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)

Advisor must sign and date

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Fill out
all info.

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STATEMENT OF UNDERSTANDING

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

University of Tennessee - Knoxville

(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; 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.

(Date) (MM/DD/YYYY)

(CADET SIGNATURE)

(Date) (MM/DD/YYYY)

(PROFESSOR OF MILITARY SCIENCE SIGNATURE)

PMS
sign
and
date

Semester/Quarter Block

Fill out "Term" (Fall, Spring or Summer), "Year". Use 2 digits for the year.

No. 1000

Course Title: PSYC Intro to Psychology

Hrs. 3

Cts. 3

Term:		Year:		
No.	Course Title	Hrs.	Cts.	Grd.
1000	PSYC Intro to Psychology	3	3	
Total Term Hours:		3	3	

These fields auto calculate.