

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: 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 4301, Training Generally; AR 621-1.

PRINCIPAL PURPOSE: To provide a continuing contact with the military student while in attendance at a civilian school under a military sponsored program.

ROUTINE USES: Data collected is used to identify the school; to monitor the subject studies; to obtain student 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 phone number whereby the military student can be contacted since, normally, the student will reside off-post.

DISCLOSURE: Disclosure of information is voluntary. However, failure to provide information may affect selection process.

Last Name - First Name - Middle Initial		Grade	Branch/MOS
Current Mailing Address (Include ZIP Code)		Phone Number (Include Area Code)	Army Program (Check one) <input type="checkbox"/> Fully Funded Degree Completion <input type="checkbox"/> Scholarship Degree <input type="checkbox"/> Cooperative Degree
Name of School (City & State)		Electronic Mail Address	Type System (Check one) <input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Other
Official Title of Degree Which You Expect to Receive	Date Expected	Department and Major Field of Study	

QUARTER, SEMESTER OR TERM JUST COMPLETED				QUARTER, SEMESTER OR TERM UPCOMING			
Began		Ended		Begins		Will End	
SUBJECTS STUDIED DURING ABOVE PERIOD				SUBJECTS TO BE STUDIED			
Course No.	Course Title	GRADE	Credit Hours	Course No.	Course Title		Credit Hours

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*)

NOTE: The reverse side of this form will be completed by the student and faculty advisor initially upon entry into school and when changes to 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:	From	To	Dates:	From	To
Course No.	Course Title	Credit Hrs	Course No.	Course Title	Credit Hrs

3rd Semester (Quarter) (Term)			7th Semester (Quarter) (Term)		
Dates:	From	To	Dates:	From	To
Course No.	Course Title	Credit Hrs	Course No.	Course Title	Credit Hrs

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 plan represents an estimate of the number and sequence of courses that are required for satisfactory completion of all academic requirements. The plan is subject to change depending upon actual course offerings during the period specified. This is (an original) (a change to the original) plan (cross out inapplicable wording.).

FACULTY ADVISOR

NAME: _____

(Signature - Faculty Advisor)

DEPT: _____

TELEPHONE: _____

(Signature - Student)

