

1. NAME (Last, First, MI)

TERM:					YEAR:					TERM:					YEAR:				
Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations	Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations	Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations	Course Number	COURSE TITLE	Credit Hours Attempt	Credit Hours Comp	Deviations
TOTAL CREDIT HOURS ATTEMPTED					TOTAL CREDIT HOURS ATTEMPTED					TOTAL CREDIT HOURS ATTEMPTED					TOTAL CREDIT HOURS ATTEMPTED				

REMARKS
 Fall Term Reevaluation Complete: _____
 Signature/Date of Instituion Official

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 Fall Term Reevaluation Complete: _____
 Signature/Date of Instituion Official

STUDENT'S SIGNATURE _____ AFROTC REVIEWER'S SIGNATURE/DATE _____

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