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.

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 home phone whereby the military student can be contacted since, normally, the student will reside off-post.

DISCLOSURE: Disclosure of information is mandatory. If required information is not provided removal from the 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 Code)*	Army Program *(Check one)*
		☐ Fully Funded ☐ Scholarship ☐ Degree Completion ☐ Cooperative Degree
Name of School *(City & State)*	**Electronic Mail Address**	**Type System** *(Check one)* ☐ Semester ☐ Quarter ☐ 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:			Dates:		
Course No.	Course Title	Credit Hrs	Course No.	Course Title	Credit Hrs

2nd Semester (Quarter) (Term)			6th Semester (Quarter) (Term)		
Dates:			Dates:		
Course No.	Course Title	Credit Hrs	Course No.	Course Title	Credit Hrs

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

4th Semester (Quarter) (Term)			8th Semester (Quarter) (Term)		
Dates:			Dates:		
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)