_____
Date

From: _____
(Academic Advisor for Applicant)

To: Commander, Navy Recruiting Command (Code _____)
Commander, Naval Education and Training Command (Code _____)

Via: Commanding Officer, Navy Recruiting District _____

Subj: OFFICER ACADEMIC DEGREE PLAN FOR _____
(APPLICANT NAME ONLY)

Course Previously Earned/Transferred From Another Institution

Course	Course Number	Hours	Title

Total Quarter/Semester Hours: _____

Quarter/Semester: _____ **Year: 20** _____

Course	Course Number	Hours	Title

Total Quarter/Semester Hours: _____

Quarter/Semester: _____ Year: 20 ____

Course	Course Number	Hours	Title

Total Quarter/Semester Hours: _____

Quarter/Semester: _____ Year: 20 ____

Course	Course Number	Hours	Title

Total Quarter/Semester Hours: _____

Quarter/Semester: _____ Year: 20 ____

Course	Course Number	Hours	Title

Total Quarter/Semester Hours: _____

Quarter/Semester: _____ **Year: 20** ____

Course	Course Number	Hours	Title

Total Quarter/Semester Hours: _____

1. Each quarter/semester must be listed in succession. All electives must be noted and must be degree-specific If the elective is a required technical elective, it must be specified as such. Other technical electives and all humanities electives need only be listed as "____# hours, humanities/other techical elective.".

2. Based on my knowledge of present course scheduling, the above courses will be offered when indicated. Completion of this plan will meet the requirement for a (BA/BS)_____degree in (major) _____ to be issued in (Mo/Yr)_____ from (school)_____

_____ ____ # credit hours is required for full-time status during _____
(School)
quarter(s)/semester(s).

For Official Use Only - Privacy Sensitive

_____ _____ _____
Academic Advisor Name (Print) Academic Advisor Signature Title