EDUCATION PLAN AND FINANCIAL VOUCHER PAGE 1 OF 4 PAGES (Cover Sheet) PRIVACY ACT STATEMENT **AUTHORITY:** 10 U.S.C. 8012. PRINCIPAL PURPOSE: Recording of academic schedule to meet AF educational requirements. SSN needed to positively identify student. ROUTINE USES: Serves as a source document for authorizing tuition payments to civilian institutions. Guides students in arrangement of education programs to meet AF education requirements and completion of program in minimum possible time. DISCLOSURE: Voluntary; however, failure to comply would place student in violation of AFIT directive and result in dismissal from program. NOTICE: This form is used as a source document for committing government money to the educational institutions of AFIT-funded students. Any changes to an approved plan must be coordinated with the appropriate AFIT program manager. INITIAL ED PLAN REVISED ED PLAN FINAL ED PLAN NAME OF EDUCATIONAL INSTITUTION MAJOR COMPLETION DATE DEGREE NAME (Grade, Last name, First name, MI, Present Mailing Address & Zip code). FOR USE BY PROGRAM MANAGER ONLY PLEASE NOTE CHANGE OF GRADE PHONE ADDRESS SERVICE NUMBER (SSN) TELEPHONE NUMBER PRINTED/TYPED NAME AND SIGNATURE OF ADVISOR TELEPHONE NUMBER COMPLETION DATE AFSC (Not required in final plan) DATE PROGRAM MANAGER'S SIGNATURE DATE TITLE OF DISSERTATION THESIS MAJOR REPORT NOT REQUIRED CERTIFICATION Required in Final Education Plan Only I hereby certify that I expended, during my entire assignment Credits Required for Degree with AFIT, a total of ______ for Books and Supplies and total of _____ for Research **Accepted Transfer Credits** Project Preparation. I completed degree requirements and did/will officially Credits Needed receive the degree Credits on This Plan Which Count **Toward Degree Requirements** An official transcript [) with degree posted] has been ordered and should arrive by I plan to complete degree requirements in absentia by DATE STUDENT'S SIGNATURE

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