

**EDUCATION PLAN AND FINANCIAL VOUCHER
(Cover Sheet)**

PAGE 1 OF 4 PAGES

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*).
PLEASE NOTE CHANGE OF ☐ GRADE ☐ PHONE ☐ ADDRESS

FOR USE BY PROGRAM MANAGER ONLY

SERVICE NUMBER (SSN)

TELEPHONE NUMBER

PRINTED/TYPED NAME AND SIGNATURE OF ADVISOR
(*Not required in final plan*)

TELEPHONE NUMBER

COMPLETION DATE

AFSC

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 with AFIT, a total of _____ for Books and Supplies and total of _____ for Research Project Preparation.

☐ I completed degree requirements and did/will officially receive the degree _____ on _____ (date).

☐ An official transcript [(☐) with degree posted] has been ordered and should arrive by _____

☐ I plan to complete degree requirements in absentia by _____

_____ Credits Required for Degree

_____ Accepted Transfer Credits

_____ Credits Needed

_____ Credits on This Plan Which Count Toward Degree Requirements

STUDENT'S SIGNATURE

DATE

EDUCATION PLAN AND FINANCIAL VOUCHER (Continuation Sheet) <i>(Please read Privacy Act Statement on AFIT Form 18 before completing this form)</i>		PM APPROVAL	COUNTING AFIT FM 18 THIS IS	
			PAGE <u> 2 </u> OF <u> 4 </u>	
LAST NAME	SCHOOL NAME	SSN	DATE	
<p>* For courses which satisfy degree requirements: Use a "1" to designate required courses (no substitutions permitted) and use a "2" to designate elective courses. For courses which DO NOT specifically satisfy degree requirements: Use a "3" to designate pre-degree courses (non-credit prerequisites) and use a "4" to indicate extra or spare courses.</p> <p> <input type="checkbox"/> CONTINUATION PAGE TERM LISTED ARE: <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER <input type="checkbox"/> TRIMESTER <input type="checkbox"/> ACADEMIC YEAR </p>				
1st TERM		DATES (year, mo, day) _____ TO _____		
* Dept & Course No.	Complete Course Title	Credit Hours	Grade	
		<i>Term Hrs</i>	<i>Term GPA</i>	
			<i>Cum GPA</i>	
2nd TERM		DATES _____ TO _____		
		<i>Term Hrs</i>	<i>Term GPA</i>	
			<i>Cum GPA</i>	
3rd TERM		DATES _____ TO _____		
		<i>Term Hrs</i>	<i>Term GPA</i>	
			<i>Cum GPA</i>	
4th TERM		DATES _____ TO _____		
		<i>Term Hrs</i>	<i>Term GPA</i>	
			<i>Cum GPA</i>	
5th TERM		DATES _____ TO _____		
		<i>Term Hrs</i>	<i>Term GPA</i>	
			<i>Cum GPA</i>	

[illegible]

EDUCATION PLAN AND FINANCIAL VOUCHER (Continuation Sheet) <i>(Please read Privacy Act Statement on AFIT Form 18 before completing this form)</i>		PM APPROVAL	COUNTING AFIT FM 18 THIS IS
			PAGE <u> 4 </u> OF <u> 4 </u>
LAST NAME	SCHOOL NAME	SSN	DATE
* For courses which satisfy degree requirements: Use a "1" to designate required courses (no substitutions permitted) and use a "2" to designate elective courses. For courses which DO NOT specifically satisfy degree requirements: Use a "3" to designate pre-degree courses (non-credit prerequisites) and use a "4" to indicate extra or spare courses.			
<input type="checkbox"/> CONTINUATION PAGE TERM LISTED ARE: <input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER <input type="checkbox"/> TRIMESTER <input type="checkbox"/> ACADEMIC YEAR			
11th TERM	DATES (year, mo, day) _____ TO _____		
* Dept & Course No.	Complete Course Title	Credit Hours	Grade
		Term Hrs	Term GPA
		Cum GPA	
12th TERM	DATES _____ TO _____		
		Term Hrs	Term GPA
		Cum GPA	
13th TERM	DATES _____ TO _____		
		Term Hrs	Term GPA
		Cum GPA	
14th TERM	DATES _____ TO _____		
		Term Hrs	Term GPA
		Cum GPA	
15th TERM	DATES _____ TO _____		
		Term Hrs	Term GPA
		Cum GPA	