# ACADEMIC TERM PERFORMANCE EVALUATION

**Privacy Act Statement**

**Authority:** The authority to request this information is contained in: 5 USC § 301 (Authorizing Forms and Regulations) and Title 10, US Code, Subtitle A, Part III, Chapter 103 (Senior ROTC).

**Principal Purpose(s):** To counsel students at the beginning and conclusion of each academic term.

**Routine Use(s):** Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 CFR § 701.112, accessible at http://www.privacy.navy.mil.

**Disclosure:** Students are required to provide academic schedules and grades to ensure appropriate progress toward commissioning. Failure to provided the requested information may result in removal from the Naval Reserve Officers Training Corps (NROTC) program and/or loss of scholarship benefits.

| NAME | SEMESTER/YEAR |
|---|---|
| CLASS | ANTICIPATED GRAD DATE |

**STUDENT COURSE AND GRADE INFORMATION**

| COURSES | HOURS | GOAL GRADE/GPA | FINAL GRADE/GPA |
|---|---|---|---|
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| TOTAL HOURS/GPA | | | |

Estimated Time Allocation (Hours/Week): Study: _____ Extracurricular: _____ Work: _____

| Student Signature (Start of Term) | Date | Student Signature (End of Term) | Date |
|---|---|---|---|

**INITIAL INTERVIEW**

- Student File reviewed
- NROTC Program Requirements List reviewed/updated
- Student Previous Academic Performance reviewed
- Aptitude Evaluation and Class Standing reviewed
- OPMIS Student Information reviewed
- Student Academic Planning Schedule reviewed/updated
- Academic goals discussed
- Student Battalion Billets reviewed

Remarks:

| Advisor Name | Advisor Signature | Date |
|---|---|---|

**END OF TERM ACADEMIC EVALUATION**

Student ☐ is ☐ is not working at level commensurate with ability.

Student's Academic Performance: ☐ Excellent ☐ Satisfactory ☐ Deficient (explain in remarks)

Student ☐ is ☐ is not on track to complete requirements for commissioning on schedule.

Remarks:

| Advisor Name | Advisor Signature | Date |
|---|---|---|