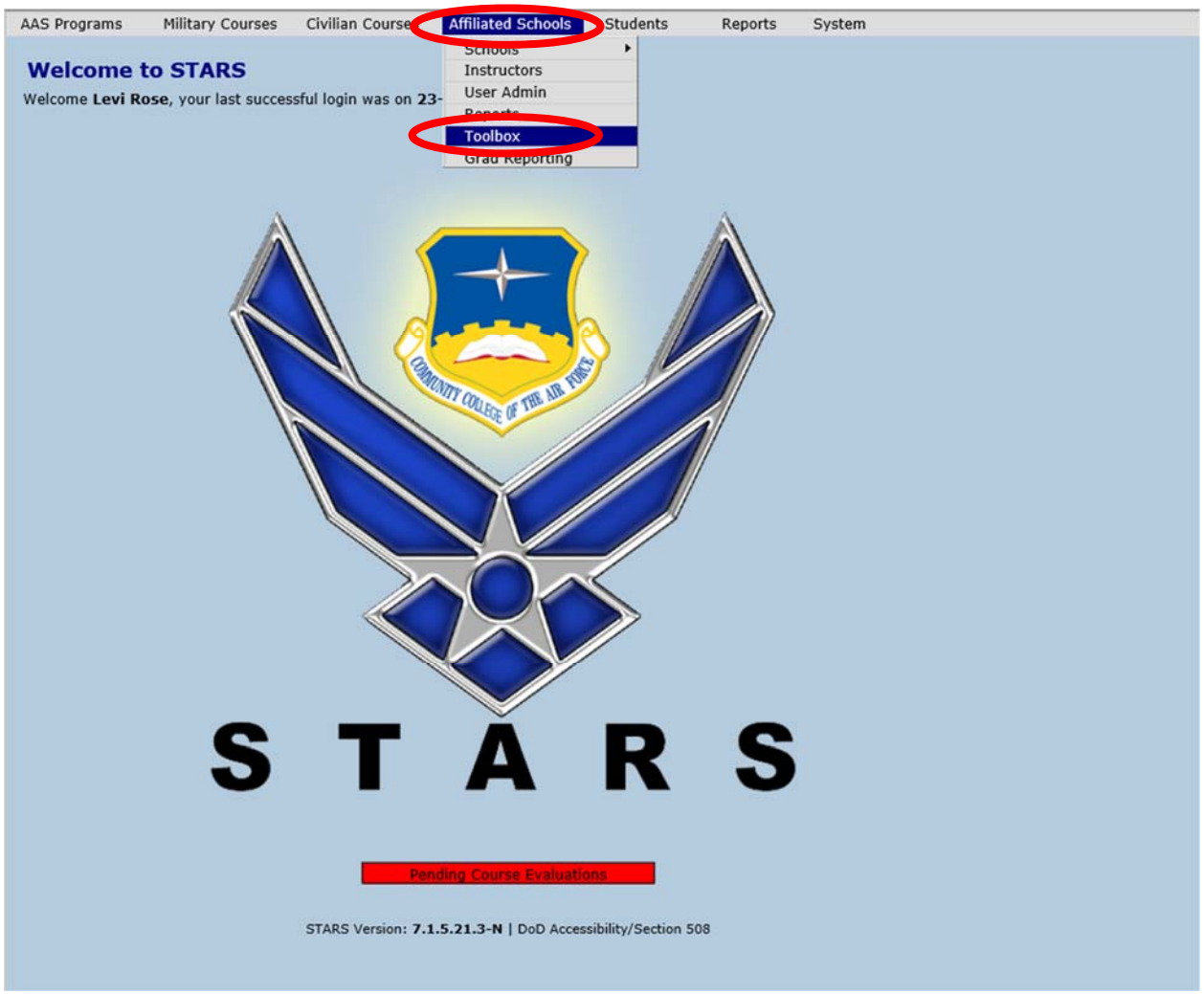
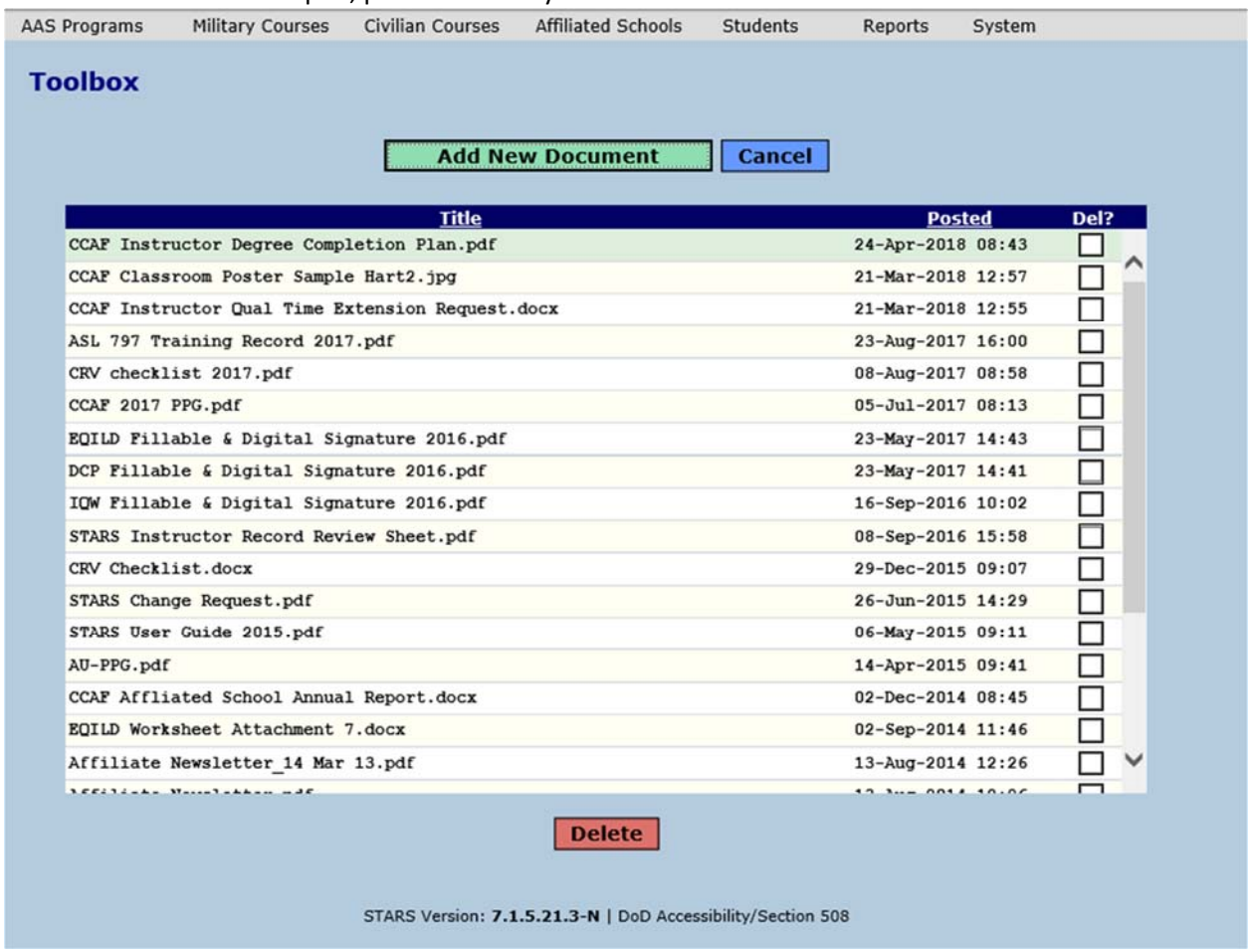
1. Login to STARS

2. Hover over the “Schools” tab and click on “Toolbox”



3. Click on “CCAF Instructor Degree Completion Plan”. A PDF document should open at this time. If the document does not open, please contact your ASM.



SAMPLE:

CCAF Instructor Degree Completion Plan

Section I. Instructor Information

Name (Last, First MI.)	Rank/Grade	Service
Pfeifer, Sarah L.	SSgt/E-6	USAF
Affiliate School	**DAS**	**DAID *(If established)***
METC	10-Jun-2017	

Section II. Degree Program Information

Degree Program	Institution	State
AS Allied Health Science	National American University	SD

Sections I, II and III must be completed within 30 calendar days of the DAS.	Semester Hours Complete	Semester Hours Required
Total Semester Hours Required for Graduation		64
Total Semester Hours Completed	58	
Total Semester Hours Not Completed		6

Course	Dates	Complete	Required	RESULT
Subject Speech Course Number 1234567XXX Notes	Start Date / End Date CLEP and DANTES: Planned Test Date 25-Jun-2017 Actual Test Date			☐ Pass ☐ Fail ☐ W/I
Subject English Comp Course Number XXX7654321 Notes	Start Date / End Date CLEP and DANTES: Planned Test Date 28-Jun-2017 Actual Test Date			☐ Pass ☐ Fail ☐ W/I
Subject Course Number Notes	Start Date / End Date CLEP and DANTES: Planned Test Date Actual Test Date			☐ Pass ☐ Fail ☐ W/I
Subject Course Number Notes	Start Date / End Date CLEP and DANTES: Planned Test Date Actual Test Date			☐ Pass ☐ Fail ☐ W/I
Subject Course Number Notes	Start Date / End Date CLEP and DANTES: Planned Test Date Actual Test Date			☐ Pass ☐ Fail ☐ W/I
Subject Course Number Notes	Start Date / End Date CLEP and DANTES: Planned Test Date Actual Test Date			☐ Pass ☐ Fail ☐ W/I
Subject Course Number Notes	Start Date / End Date CLEP and DANTES: Planned Test Date Actual Test Date			☐ Pass ☐ Fail ☐ W/I
Subject Course Number Notes	Start Date / End Date CLEP and DANTES: Planned Test Date Actual Test Date			☐ Pass ☐ Fail ☐ W/I

Section III. Signatures

Education Counselor

I have verified the courses listed above will fulfill the instructor's degree program requirements.

Date	Name (Last, First MI.)	Signature
22-Jun-2017	Drew, Nancy P.	[signature]

Instructor Supervisor

I understand I am responsible for regularly reviewing and ensuring currency of this document.

Date	Name (Last, First MI.)	Signature
01-Jul-2017	King, Stephen D.	[signature]

Commander/Commandant

I am aware this individual will have 12 months from the established DAID to reflect a conferred degree within STARS-FD. Failure to do so may result in removal from instructor duties.

Date	Name (Last, First MI.)	Signature
05-Jul-2017	Jackson, Michael S.	[signature]

Instructor

I understand I am responsible for informing my instructor supervisor of any changes to this plan and that failure to do so could result in removal from instructor duties.

Date	Signature	
07-Jul-2017	[signature]	

Section IV. Update and Review Log

Date	Notes
Reviewer (Last, First MI.)	Signature
Date	Notes
Reviewer (Last, First MI.)	Signature
Date	Notes
Reviewer (Last, First MI.)	Signature
Date	Notes
Reviewer (Last, First MI.)	Signature
Date	Notes
Reviewer (Last, First MI.)	Signature
Date	Notes
Reviewer (Last, First MI.)	Signature
Date	Notes
Reviewer (Last, First MI.)	Signature
Date	Notes
Reviewer (Last, First MI.)	Signature
Date	Notes
Reviewer (Last, First MI.)	Signature
Date	Notes
Reviewer (Last, First MI.)	Signature
Date	Notes
Reviewer (Last, First MI.)	Signature