


1. Login to STARS

**CCAF-STARS: Log In Page**



**S T A R S**

**CAC/AF Portal** **Password**

Please make sure your CAC is inserted to continue.

If you are coming in from the Air Force Portal, please continue by clicking the login button below.

**Log In**

Please contact the CCAF-STARS SSC if you need any assistance.

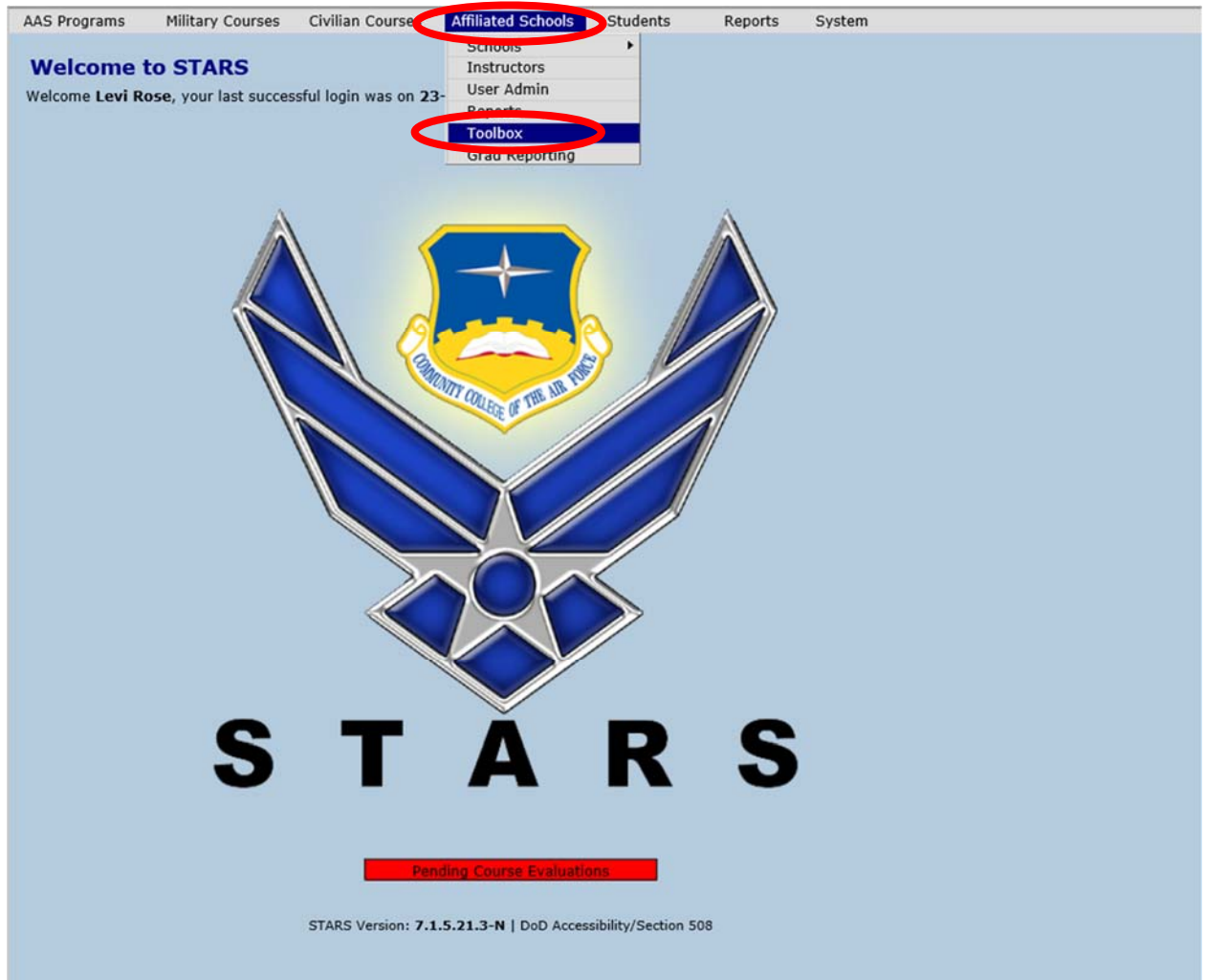
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2. Hover over the "Schools" tab and click on "Toolbox"



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.

AAS Programs

Military Courses

Civilian Courses

Affiliated Schools

Students

Reports

System

Toolbox

Add New Document

Cancel

Title	Posted	Del?
CCAF Instructor Degree Completion Plan.pdf	24-Apr-2018 08:43	<input type="checkbox"/>
CCAF Classroom Poster Sample Hart2.jpg	21-Mar-2018 12:57	<input type="checkbox"/>
CCAF Instructor Qual Time Extension Request.docx	21-Mar-2018 12:55	<input type="checkbox"/>
ASL 797 Training Record 2017.pdf	23-Aug-2017 16:00	<input type="checkbox"/>
CRV checklist 2017.pdf	08-Aug-2017 08:58	<input type="checkbox"/>
CCAF 2017 PPG.pdf	05-Jul-2017 08:13	<input type="checkbox"/>
EQILD Fillable & Digital Signature 2016.pdf	23-May-2017 14:43	<input type="checkbox"/>
DCP Fillable & Digital Signature 2016.pdf	23-May-2017 14:41	<input type="checkbox"/>
IQW Fillable & Digital Signature 2016.pdf	16-Sep-2016 10:02	<input type="checkbox"/>
STARS Instructor Record Review Sheet.pdf	08-Sep-2016 15:58	<input type="checkbox"/>
CRV Checklist.docx	29-Dec-2015 09:07	<input type="checkbox"/>
STARS Change Request.pdf	26-Jun-2015 14:29	<input type="checkbox"/>
STARS User Guide 2015.pdf	06-May-2015 09:11	<input type="checkbox"/>
AU-PPG.pdf	14-Apr-2015 09:41	<input type="checkbox"/>
CCAF Affiliated School Annual Report.docx	02-Dec-2014 08:45	<input type="checkbox"/>
EQILD Worksheet Attachment 7.docx	02-Sep-2014 11:46	<input type="checkbox"/>
Affiliate Newsletter_14 Mar 13.pdf	13-Aug-2014 12:26	<input type="checkbox"/>
Affiliate Newsletter_14 Mar 13.pdf	13-Aug-2014 12:26	<input type="checkbox"/>

Delete

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SAMPLE:

# CCAF Instructor Degree Completion Plan

## Section I. Instructor Information

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

## Section II. Degree Program Information

Degree Program <b>AS Allied Health Science</b>	Institution <b>National American University</b>	State <b>SD</b>
<i>Sections I, II and III must be completed within 30 calendar days of the DAS.</i>		<b>R E S U L T</b>
Total Semester Hours Required for Graduation		64
Total Semester Hours Completed		58
Total Semester Hours Not Completed		6
Subject <u>Speech</u>	Start Date _____ End Date _____	Pass <input type="checkbox"/>
Course Number <u>1234567XXX</u>	CLEP and Planned Test Date 25-Jun-2017	Fail <input type="checkbox"/>
Notes _____	DANTES Actual Test Date _____	W/I <input type="checkbox"/>
Subject <u>English Comp</u>	Start Date _____ End Date _____	Pass <input type="checkbox"/>
Course Number <u>XXX7654321</u>	CLEP and Planned Test Date 28-Jun-2017	Fail <input type="checkbox"/>
Notes _____	DANTES Actual Test Date _____	W/I <input type="checkbox"/>
Subject _____	Start Date _____ End Date _____	Pass <input type="checkbox"/>
Course Number _____	CLEP and Planned Test Date _____	Fail <input type="checkbox"/>
Notes _____	DANTES Actual Test Date _____	W/I <input type="checkbox"/>
Subject _____	Start Date _____ End Date _____	Pass <input type="checkbox"/>
Course Number _____	CLEP and Planned Test Date _____	Fail <input type="checkbox"/>
Notes _____	DANTES Actual Test Date _____	W/I <input type="checkbox"/>
Subject _____	Start Date _____ End Date _____	Pass <input type="checkbox"/>
Course Number _____	CLEP and Planned Test Date _____	Fail <input type="checkbox"/>
Notes _____	DANTES Actual Test Date _____	W/I <input type="checkbox"/>
Subject _____	Start Date _____ End Date _____	Pass <input type="checkbox"/>
Course Number _____	CLEP and Planned Test Date _____	Fail <input type="checkbox"/>
Notes _____	DANTES Actual Test Date _____	W/I <input type="checkbox"/>
Subject _____	Start Date _____ End Date _____	Pass <input type="checkbox"/>
Course Number _____	CLEP and Planned Test Date _____	Fail <input type="checkbox"/>
Notes _____	DANTES Actual Test Date _____	W/I <input type="checkbox"/>

## Section III. Signatures

### Education Counselor

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

Date <b>22-Jun-2017</b>	Name (Last, First MI.) <b>Drew, Nancy P.</b>	Signature 
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### Instructor Supervisor

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

Date <b>01-Jul-2017</b>	Name (Last, First MI.) <b>King, Stephen D.</b>	Signature 
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### 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 <b>05-Jul-2017</b>	Name (Last, First MI.) <b>Jackson, Michael S.</b>	Signature 
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### 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 <b>07-Jul-2017</b>	Signature 	
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## Section IV. Update and Review Log

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