

SPACE TEST PROGRAM AFTER ACTION REPORT			DATE (YYYYMMDD)
1. EXPERIMENT TITLE	2. SHORT TITLE/ACRONYM	3. EXPERIMENT NUMBER	4. SPONSOR ORGANIZATION
5. OBJECTIVE			
6. FLIGHT DATA			
a. LAUNCH DATE (YYYYMMDD)	b. MISSION DURATION (Mission/Experiment)		c. LAUNCH VEHICLE
d. LAUNCH SITE	e. HOST VEHICLE/PLATFORM		f. INCLINATION
g. ORBIT (km)		h. SPECIAL CHARACTERISTICS	
APOGEE + -			
PERIGEE + -			
i. EXPERIMENT COST (\$ Million)	j. EXPERIMENT WEIGHT (kg)	k. EXPERIMENT VOLUME (cc)	l. NOMINAL/PEAK POWER (w)
m. PICTURE OF EXPERIMENT (Insert file or cut and paste)			

DATE (YYYYMMDD)	EXPERIMENT TITLE	EXPERIMENT NUMBER
7. EVALUATION OF MEETING EXPERIMENT OBJECTIVES		
8. DESCRIPTION OF DATA AND PRELIMINARY RESULTS OBTAINED		
9. DESCRIPTION OF DATA UTILIZATION		
10. PLAN FOR DATA PROCESSING AND DISSEMINATION OF RESULTS		

DATE (YYYYMMDD)	EXPERIMENT TITLE	EXPERIMENT NUMBER
11. DESCRIPTION OF POTENTIAL BENEFITS		
12. TECHNOLOGY TRANSITION PLANS		
13. EXPERIMENTER AGENCY		
a. PRINCIPAL INVESTIGATOR (Last Name, First, Middle Initial)	b. OFFICE SYMBOL	c. POSITION
d. MAILING ADDRESS (Street, Apartment/Suite No., City, State, ZIP Code)	e. TELEPHONE NUMBER(S) (Include Area Code)	
	COMMERCIAL	DSN
g. EMAIL	f. SIGNATURE	

UNCLASSIFIED

DATE (YYYYMMDD)	EXPERIMENT TITLE	EXPERIMENT NUMBER
14. MISSION PROGRAMMATIC DATA <i>(To be filled in by STP SPO)</i>		
a. MISSION NUMBER/NAME	b. MISSION COST	c. MISSION OPR/INTEGRATING CONTRACTOR(S)
d. LIST OF COMPANION EXPERIMENTS	e. PAYLOAD WEIGHT <i>(kg)</i>	g. POWER REQUIREMENTS <i>(w)</i>
	f. PAYLOAD VOLUME <i>(cc)</i>	
h. AUTHORIZED STP SPO OFFICIAL <i>(Last Name, First, Middle Initial)</i>	i. SIGNATURE	j. DATE (YYYYMMDD)
k. DESCRIPTION OF MISSION		
l. SPACECRAFT AND/OR EXPERIMENT ANOMALIES		
m. PICTURE OF SPACE VEHICLE SYSTEM CONFIGURATION <i>(Insert file or cut and paste)</i>		