BSEP Enrollment Guide

Enrollment & Class Information

*In an **ENCRYPTED** email, send **Enrollment Memo** (see sample below) and **DA 4187** (see sample on back, and **ERB**) to Penny.L.Plante.civ@mail.mil to enroll in a BSEP class. Enrollments will be accepted until course is full or the start of the class, whichever comes first.*

Due to a change in procedures, Soldiers will report to room 138 to take the TABE on day 1. They will report to the BSEP classroom, room 140 on day 2. Any Soldiers who do not report on time for the TABE will be automatically dropped from the class.

Currently, enrollment is limited to 10 students per class to allow for social distancing. Enrollment is first come, first serve on or after the registration open date, with appropriate documentation.

CLASS NUMBER	CLASS DATES	AFCT	DONSAS	REGISTRATION OPENS
FY21-7 0900 - 1200	2 JUNE – 1 JULY	2 & 6 JULY	11 & 14 JUNE	3 MAY 21
FY21-8 1300 - 1600	2 JUNE – 1 JULY	2 & 6 JULY	11 & 14 JUNE	3 MAY 21

COMMANDER'S MEMO

(Your Unit's Letterhead)

(Your Unit's Office Symbol)   Date

MEMORANDUM FOR Education Services Division, Directorate of Human Resources, 4300 Camp Hale Road, Fort Drum, NY 13602

SUBJECT: Basic Skills Education Program (BSEP) Enrollment

1. Request the following Soldier be enrolled into BSEP Class Number **(see Class List above for class number)** which runs **(Class Dates)**.

NAME: _____ DOD ID: _____

DOD EMAIL: _____ RANK: _____ MOS: _____

2. Soldier will be released from all other duties and training that may conflict with the BSEP Class. **(AM Class runs from 0900-1200. PM Class runs 1300-1600 Monday – Friday)**. Soldiers will be dismissed if late/absent on first day of class or if they miss six hours of instruction. Duty uniform will be worn.

3. Soldier's 1SG is **(Rank and Name)** and can be reached at **(DSN Phone and DoD email address)**.

4. POC is (Rank and Name) at **(DSN Phone and DoD email address)**.

(Digital Signature)

NAME
Rank, Branch
Commanding

PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended

PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.

ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.

DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code)	3. FROM (Include ZIP Code)
YOUR BDE S-1 BDE ADDRESS	APT TEST CONTROL OFFICER ARMY EDUCATION CENTER 4300 CAMP HALE ROAD FORT DRUM NY 13602	COMMANDER YOUR UNIT INFORMATION UNIT POC PHONE NUMBER

SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above Soldier's duty status is changed from _____ to _____

_____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

Service School (Enl only)	Special Forces Training/Assignment	Identification Card
ROTC or Reserve Component Duty	On-the-Job Training (Enl only)	Identification Tags
Volunteering For Oversea Service	Retesting In Army Personnel Tests	Separate Rations
Ranger Training	Reassignment Married Army Couples	Leave - Excess/Advance/Outside CONUS
Reassignment Extreme Family Problems	Reclassification	Change of Name/SSN/DOB
Exchange Reassignment (Enl only)	Officer Candidate School	X Other (Specify) ARMY PERSONNEL TEST
Airborne Training	Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. REQUEST TESTING ON THE ARMED FORCES CLASSIFICATION TEST (AFCT).

2. SOLDIER UNDERSTANDS THAT SIGNATURE IN BLOCK 9 CERTIFIES THAT THEY MEET CRITERIA LISTED BELOW AND THAT FALSIFYING THAT INFORMATION IS PUNISHABLE UNDER THE UCMJ.

3. SOLDIER HAS NOT TAKEN THE ASVAB or AFCT IN THE LAST SIX MONTHS (180 DAYS).

4. THE INFORMATION ABOVE HAS BEEN VERIFIED BY THE SOLDIER'S S-1/MILITARY PERSONNEL OFFICE.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)
LAST, FIRST, MI, Rank, Commander		

DA FORM 4187, MAY 2014 — SUPERSEDES DA FORM 4187, JAN 2000 AND REPLACES DA FORM 4187-1-R, APR 1995 — Page 1 of 2 — APD LC v1.03ES