



# REQUEST TO ATTEND ON-DUTY TRAINING

## ARMY CONTINUING EDUCATION SYSTEM

### Privacy Act Statement:

AUTHORITY: 10 USC 4302, Enlisted members of the Army: Schools; AR 621-5, Army Continuing Education System.  
PRINCIPLE PURPOSE: To enable the enrollment in the Basic Skills Education Program (BSEP) to provide Army Continuing Education System services. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, failure to provide information may result in the inability to obtain Army Continuing Education System services.

## General Information

NAME OF APPLICANT:

RANK:

UNIT:

MOS:

GT:

DOD ID #

### Class Name:

START DATE	END DATE	DAYS					START TIME	END TIME
		Monday	Tuesday	Wednesday	Thursday	Friday		

BUILDING:

ROOM:

### COMMENTS

I am requesting this class to support my educational objectives.

Issue Date:

I request permission to attend above training. I understand that regular class attendance is expected and that non-attendance will be reported to my unit. If enrolled in the BSEP program, upon completion of class and recommendation by an educational advisor, I request permission to take an AFCT Retest. I authorize the Education Center to receive a copy of my AFCT retest results.

Issue Date:

Signature of Applicant: \_\_\_\_\_

Request is approved. The applicant will be available to attend class as scheduled. Attendance is mandatory except in case of illness, personal emergencies or military operational emergencies.

Confirm Date:

Signature of Commander: \_\_\_\_\_

Rank: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

EMAIL: \_\_\_\_\_