



# TESTING SCHEDULE

FORT RILEY EDUCATION SERVICES | 211 CUSTER AVE | FORT RILEY, KS 66442

MONDAY	TUESDAY	WEDNESDAY	THURSDAY (SCHEDULED AS NEEDED)
TABE 0900-1145	DLPT 0800-1130	AFCT 0800-1130	BMST
TABE 1300-1545	DLPT 1300-1600	SIFT 1300-1600 <i>*Offered once a month</i>	ECL
DLAB 1300-1430 <i>*Offered once a month</i>		TABE 1300-1545	FIREFIGHTER
			OPI

## SCHEDULING A TEST

1

### REQUEST A DA FORM 4187 TEMPLATE

SEND AN EMAIL TO THE GROUP BOX STATING WHICH TEST YOU WOULD LIKE TO SCHEDULE

USARMY.RILEY.IMCOM.MBX.EDUCATION-SERVICE-TESTING@ARMY.MIL



2

### DA FORM 4187

COMPLETELY FILL OUT AND DIGITALLY SIGN DA FORM 4187 USING THE INSTRUCTIONS BELOW.

3

### SCHEDULING

EMAIL YOUR COMPLETED DA FORM 4187 BACK TO THE GROUP INBOX.

4

### VERIFICATION

ONCE WE HAVE RECEIVED THE COMPLETED DA FORM 4187, AN EDUCATION CENTER REPRESENTATIVE WILL BE IN TOUCH WITHIN 2 BUSINESS DAYS TO FINALIZE SCHEDULING DATES.

# FILLING OUT A DA FORM 4187

PLEASE USE THE EXAMPLE TEMPLATE BELOW WHEN FILLING OUT A DA 4187. ALL HIGHLIGHTED AREAS MUST BE FILLED IN. PAPERWORK THAT IS NOT COMPLETED WILL BE SENT BACK AND CAN DELAY SCHEDULING TIME.

SECTION I - PERSONAL IDENTIFICATION		
1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) Education Services ATTN: Main Post Testing 211 Custer Avenue Fort Riley, KS 664423	3. FROM (Include ZIP Code) YOUR UNIT ADDRESS GOES HERE
4. NAME (Last, First, MI) YOUR NAME	5. GRADE OR RANK / PMOS / AOC YOUR RANK / MOS	6. DOD ID NUMBER YOUR DOD ID 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)		
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify):
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	AFCT
9. SIGNATURE OF SOLDIER (When required) DIGITALLY SIGN HERE		10. DATE (YYYYMMDD) DATE
SECTION IV - REMARKS (Applies to Sections II, III, and V)		
<p>The Armed Forces Classification Test (AFCT) evaluates active duty personnel who want to improve their ASVAB scores for reenlistment or reclassification. The AFCT must be administered in its entirety. There is no limit to the number of times that the AFCT can be administered during a Soldier's career, however, it will be administered no earlier than 6 months between each retest. An Exception to the Policy (EPT) approved by the APT Program Manager is required to retest with the 6 month window. Further, requests should document the preparation the Soldier has taken to improve his or her scores. The TCO can provide a sample ETP request.</p> <div><div><input type="checkbox"/> I request to be administered the AFCT examination. <input type="checkbox"/> I have not taken this examination within the last 180 days. <input type="checkbox"/> This is an initial AFCT examination. --or-- This is an AFCT retest. My last test was: _____ (YYYY/MM/DD) and my score was: _____. Approval of this request must be based on a Soldier's individual personnel records to ensure testing/retesting eligibility requirements have been met. <b>The Commander/Authorized Representative must check both "Has Been Verified" and "Is Approved" blocks in Section V, #11.</b></div><div><div>←</div><div>↓</div><div>CHECK ALL THAT APPLY OR WRITE DATE OF LAST TEST &amp; SCORE RECEIVED</div></div></div>		
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 - <input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED		
12. NAME OF INDIVIDUAL YOUR NAME		13. DOD ID NUMBER YOUR DOD ID NUMBER
14. COMMANDER / AUTHORIZED REPRESENTATIVE COMMANDER (CPT OR HIGHER) OR ATTACH ASSUMPTION OF COMMAND ORDERS IF APPLICABLE	15. SIGNATURE COMMANDER DIGITALLY SIGNS	16. DATE (YYYYMMDD) DATE