

# Fort Jackson Army Education Center

Strom Thurmond Blvd. Bldg 4600, Fort Jackson, S.C.

Phone: 803-751-5341 Fax: 803-751-6849

For Office Use Only:

TABE TEST DATE: \_\_\_/\_\_\_/\_\_\_

DATE RECEIVED: \_\_\_/\_\_\_/\_\_\_

REC'D BY: (Initials) \_\_\_\_\_

## IN CLASSROOM

### Collegiate & Career Readiness Enhancement (FY15) ENROLLMENT FORM

SOLDIER NAME: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(LAST) (FIRST) (RANK/STATUS)

SS #: - \_\_\_\_\_ DoDID#: \_\_\_\_\_ UNIT: \_\_\_\_\_  
(NAME/CO.)

PHONE #: \_\_\_\_\_, \_\_\_\_\_  
(WORK) (CELL/OTHER)

CURRENT GT SCORE: \_\_\_\_\_ DESIRED GT SCORE: \_\_\_\_\_

REASON FOR IMPROVEMENT: \_\_\_\_\_

Printed TABE scores taken within the last 6 months must accompany enrollment form.

#### Classroom Hours: TWTh 0800 – 1400

6-30 Jan  
TABE scores must  
be received by 31 Dec

3-27 Feb  
TABE scores must  
be received by 28 Jan

31 Mar-24 April  
TABE scores must  
be received by 20 Mar

#### Classroom Hours: M--F 0800 – 1600

9-20 Mar  
TABE scores must  
be received by 27 Feb

4-15 May  
TABE scores must be  
received by 25 April

**These dates include all tests. Soldiers must attend all classes.**

**Point of contact email: [Sherry.R.Major.civ@mail.mil](mailto:Sherry.R.Major.civ@mail.mil)**

**Instructor email: [lynette.l.leventis.vol@mail.mil](mailto:lynette.l.leventis.vol@mail.mil)**

**Return completed BSEP Application to Education Center-(Room A100) and to schedule  
TABE TEST**

### BSEP GUIDELINES

#### ATTENDANCE IS MANDATORY

- If an emergency should occur causing you to miss class; you must bring a written explanation signed by your supervisor.
- Soldiers must wear uniform to class.
- The Soldier's current GT score in conjunction with their TABE score will determine priority placement in the class.
- First priority will be given to those Soldiers with GT scores of **100** or less and combined TABE score of less than 10.2 in one or more component.

SOLDIER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

**I AGREE TO THE ABOVE SOLDIER'S ENROLLMENT & GUIDELINES IN THE COURSE.**

CO CMDR: \_\_\_\_\_  
(NAME) (SIGNATURE)

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

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Privacy Act Statement: Authority: Title 10 USC 3012. Principal Purpose: To gather data needed to establish an Army Continuing Education System (ACES) DA669. Routine Uses. Used to record specific information required on the DA Form 669. Disclosure: Disclosure of information is voluntary. Educational counseling services cannot be provided if information is not furnished.*