ARMY CONTINUING EDUCATION SYSTEM (ACES) RECORD CONTINUATION SHEET

For use of this form, see AR 621-5; the proponent agency is DCSPER

1. NAME (Last, First, MI)	1. SSN	3. COMPONENT/GRADE/RANK (Pencil)	4. EDUC LEV (Pencil)

DATE	COUNSELING NOTES (Continued)

COURSE ENROLLMENTS (Continued)

DATE FROM/TO	NUMBER/TITLE	CREDIT			GRADE	SOCAD	SCHOOL	FUNDING			
		SEM	QTR	OTH				75	90	VA	OTH

RECORD OF TESTS TAKEN (Continued)

ASVAB		AFCT		AFCT RETEST	
DATE		DATE		DATE	
GT	EL	GT	EL	GT	EL
CL	MM	CL	MM	CL	MM
GM	SC	GM	SC	GM	SC
CO	FA	CO	FA	CO	FA
OF	ST	OF	ST	OF	ST

(Check appropriate box)

☐ GED ☐ CLEP

DATE _____ PLACE _____

FORM _____ _____ _____ _____ _____

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

(Check appropriate box)

☐ GED ☐ CLEP

DATE _____ PLACE _____

FORM _____ _____ _____ _____ _____

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

BNCOC PRETEST

DATE	FORM	RESULTS	DATE	FORM	RESULTS
DATE	FORM	RESULTS	DATE	FORM	RESULTS

OTHER TESTS