

# YEAR-2019 MILITARY TESTING INFORMATION

## ARMED FORCE CLASSIFICATION TEST (AFCT) AUTHORIZATION LETTER FOR MARINES

**John A. Lejeune Education Center – Testing Department (Rm 120) – 825 Stone Street – Camp Lejeune, NC  
910-451-3092 – paul.parker@usmc-mccs.org**

1. The Marine—retaking the AFCT--is responsible for scheduling the AFCT test with the Military Testing Coordinator at email address and telephone listed above. Enclosure (1) is provided with the available dates open for retaking the AFCT test.
2. Headquarters Marine Corps requires that **ALL** Marines—enlisted and officer—provided a letter, signed by **COMMANDING OFFICER** at the **BATTALION/SQUADRON LEVEL (not Company level)** and/or signed "By direction" by any staff officer with by direction authority from the Commanding Officer provided with a **CERTIFIED TRUE COPY** printout of the Marine's current AFCT test scores from their IPAC. Enclosure (2) and (3) are provided.
3. Marines will not be retested earlier than six **(6) months** from the last AFCT/ASVAB test unless approved by CMC (**MSAB**) and will not be approved to retake the AFCT test until a minimum of **90 days** have passed from the last retest date.
4. **Recruiters, returning to the FMF must request a waiver to retest if they have not been in the FMF for 6 months are longer.**
5. **SCORE REPORT:** AFCT scores are reported in MCTFS (3270) via HQMC--14-30 days after the test date.
6. The military member must have a valid military ID card to take the AFCT aboard Camp Lejeune.
7. For any and all questions pertaining to retaking the AFCT test please visit CMC website: <https://www.manpower.usmc.mil/webcenter/portal/MPA/Testing>

**MARINE** &  
*Family*

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### AFCT TESTING DATES

*TEST TIME-0730* (The AFCT test is administered on Mondays)

January	*2*, 7, 14, *22*, 28	2.5 HOURS
February	4, 11, *19*, 25	2.5 HOURS
March	4, 11, 18, 25	2.5 HOURS
April	1, 8, 15, 22, 29	2.5 HOURS
May	6, 13, 20, *28*	2.5 HOURS
June	3, 10, 17, 24	2.5 HOURS
July	1, 8, 15, 22, 29	2.5 HOURS
August	5, 12, 19, 26	2.5 HOURS
September	*3*, 9, 16, 23, 30	2.5 HOURS
October	7, *15*, 21, 28	2.5 HOURS
November	4, *12*, 18, 25	2.5 HOURS
December	2, 9, 16, 23, 30	2.5 HOURS

\* ICAT-AFCT MOVED TO THE NEXT AVAILABLE DATE—DUE TO HOLIDAY\*



UNITED STATES MARINE CORPS

Please use your unit's  
letterhead!

1230

**Date**

From: Commanding Officer, (**Battalion or Squadron Commander, Only**)  
To: Military Testing Officer, Education Assistance Branch,  
Personal and Professional Development Program, Marine and  
Family Programs, Marine Corps Community Services, Camp  
Lejeune  
Subj: REQUEST FOR IN-SERVICE RETEST OF ARMED FORCES  
CLASSIFICATION TEST (AFCT) ICO (Rank/Full Name/EDIPI/MOS)

Ref: (a) MCO 1230.5C

Encl: (1) MCTFS Print-out of scores for (Rank/Full Name)

1. In accordance with the reference, request an in-service  
retest for the Armed Forces Classification Test.

a. (Rank/Name) took the ASVAB on (Last ASVAB Test Date)  
and did not acquire the required scores for (LATERAL-MOVE MOS OR  
MILITARY SCHOOL or OFFICER PROGRAM OR UNIT.)

b. The program the Marine is applying for needs a (GT or  
EL or MM) score of (Required Score for the program the marine is  
requesting). (His/Her) current score is (Current ASVAB Score.)

2. Enclosed is a CERTIFIED TRUE copy of the Marine's TEST screen  
from MCTFS.

3. The point of contact for this request is **CO/OIC Name**,  
**Military Unit**, at **Unit Phone Number**.

**I. M. COMMANDING**

By Direction (if applicable)

**EXAMPLE**

Enclosure (2)

TEST PAGE CAN BE ACCESS THROUGH 3270 WITH  
CODE: TEST TO RECEIVE THE TEST PAGE

\*\*\*\* TEST SCORES \*\*\*\*

02/05/2015  
09:32:09

EDIPI: 1234567890  
RUC: 00000

NAME INCHARGER, IAM  
COMPANY CODE: Z PRES-GRADE: E10 RECSTAT: 4 COMP CODE: 11  
PLT CODE: 2PLT TRNGRP: R-RECSTAT: RCOMP-CODE:

\*CLASS TEST\* \*AFQT ASVAB\* \*LANGUAGE SCORES\*  
VER: 03E SCORE: 40 DLAB SCORE: 000  
TYPE: FORM: 19F DATE: 00000000  
DATE: 20001213

\*ASVAB TEST\* \*GCT SCORES\* \*MISC TEST SCORES\*  
GT 096 GCT 096 ARC SCORE: 000  
MM 091 PA 000 ARC DATE: 00000000  
EL 092 AR 000 EDPT SCORE: 000  
CL 000 RV 000 EDPT DATE: 00000000  
AC 000

\*FOREIGN LANGUAGE\*  
CD1 CD2 CD3 CD4

\*SELF PROFESSED LANG\*  
CD1 C02 CD3 CD4

ENSURE THE COPY CAN BE SCANNED AND SENT TO HQMC. IF  
THE BACK GROUND IS DARK OR PURPLE, THE SCAN COPY IS  
HARD TO SEND TO HQMC.

CERTIFIED TRUE COPY  
SIGNATURE:  
DATE: