



UNIVERSITY OF ARKANSAS SYSTEM

CRIMINAL JUSTICE INSTITUTE

Certificate and Degree Program Partnerships

# Intent To Enroll Form

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

\_\_\_\_\_ E-mail: \_\_\_\_\_

**Intended Program of Study:** *(Please circle.)*

Crime Scene Investigation

Law Enforcement Administration

**Education Level:** *(Please circle.)*

High School

Some college, no degree

Associate's

Bachelor's

Master's or above

**Partnering Institution of Higher Education:** *(Circle all schools you may be interested in attending.)*

- Arkansas State University at Beebe
- Arkansas State University at Heber Springs
- Arkansas State University at Jonesboro
- Arkansas State University at Mountain Home
- Arkansas State University at Newport
- Black River Technical College
- Cossatot Community College of the UA
- North Arkansas College
- Northwest Arkansas Community College
- Ouachita Technical College
- Ozarka College

- Phillips Community College of the UA
- Pulaski Technical College
- South Arkansas Community College
- Southeast Arkansas College
- University of Arkansas at Fort Smith
- University of Arkansas at Monticello
- University of Arkansas at Pine Bluff
- UA Community College at Batesville
- UA Community College at Hope
- UA Community College at Morrilton

**Have you completed any college-level courses?**

**If yes, name of college or university where completed:**

*I authorize the Criminal Justice Institute to release this form to the colleges/universities I have selected.  
A representative from the selected colleges/universities may contact me regarding the program.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit completed form to Allison Hoffman at amhoffman@cji.edu (e-mail) or 501-565-3081 (fax).

*Submission of this form does not obligate you to complete the selected program of study.*

**For CJI Official Purposes Only:**

- |                                  |  |                                  |  |
|----------------------------------|--|----------------------------------|--|
| CSI Certificate of Proficiency   | Yes <input type="checkbox"/> No <input type="checkbox"/> | LEA Certificate of Proficiency   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| CSI Technical Certificate        | Yes <input type="checkbox"/> No <input type="checkbox"/> | LEA Technical Certificate        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| CSI Associate of Applied Science | Yes <input type="checkbox"/> No <input type="checkbox"/> | LEA Associate of Applied Science | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Institution of Higher Education Contact:

Graduation: Yes  No  Date: \_\_\_\_\_