



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 the school you plan to attend.)*

- 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
- College of the Ouachitas
- Cossatot Community College of the UA
- North Arkansas College
- NorthWest Arkansas Community 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 Little Rock
- University of Arkansas at Monticello
- University of Arkansas at Pine Bluff
- University of Central Arkansas
- 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: _____