



UNIVERSITY OF ARKANSAS SYSTEM

CRIMINAL JUSTICE INSTITUTE

Certificate and Degree Program Partnerships

# Intent To Enroll Form

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

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

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

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

**Intended Program of Study:** *(Please check one.)*

Crime Scene Investigation

Law Enforcement Administration

**Education Level:** *(Please check one.)*

High School

Some college, no degree

Associate's

Bachelor's

Master's or above

**Partnering Institution of Higher Education:** *(Check the school you plan to attend.)*

- Arkansas State University at Beebe
- Arkansas State University at Newport
- Cossatot Community College of the UA\*
- Northwest Arkansas Community College
- Phillips Community College of the UA
- University of Arkansas at Little Rock
- University of Arkansas at Monticello
- UA Community College at Batesville
- UA Community College at Hope
- UA Community College at Morrilton

\* Only offers Law Enforcement Administration program

**Have you completed any college-level courses?** Yes No

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

**Are you a certified law enforcement officer?** Yes No *Please submit a copy of your certification with this form*

**If you are not a sworn law enforcement officer, are you working as a crime scene investigator?** Yes No

*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 and a copy of your law enforcement certification  
to Beth Green at bagreen@cji.edu or 501-565-3081 (fax).

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