



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

UA Community College at Hope

Arkansas State University at Newport

UA Community College at Morrilton

Cossatot Community College of the UA*

National Park College

Northwest Arkansas Community College

Phillips Community College of the UA

Pulaski Technical College

University of Arkansas at Little Rock

University of Arkansas at Monticello

UA Community College at Batesville

* 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.