

# Criminal Justice Training

## REGISTRATION FORM – INSTRUCTOR DEVELOPMENT

WE WILL NEED THE FOLLOWING INFORMATION TO REGISTER YOU IN THIS CLASS. Only one (1) class per form. Duplicate as needed. Please print legibly. Return completed forms to [schendels@westerntc.edu](mailto:schendels@westerntc.edu) or fax to 608-269-4073. Thank you!

### PERSONAL INFORMATION

*Please Note: SSN may be needed for state reporting for grant-funded classes (if applicable))*

Social Security # (See Above) \_\_\_\_\_ DOB: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (include area code) \_\_\_\_\_ County: \_\_\_\_\_

Email \_\_\_\_\_

Agency/Employer \_\_\_\_\_

IF YOU ARE A NEW STUDENT AT WESTERN, this information is collected to enhance programming efforts at Western and is voluntary.

Are you Hispanic or Latino, that is, a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race?  Yes  No

Select any groups that apply:  American Indian  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White

High School Last Attended: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Highest grade completed: \_\_\_\_\_

Did either of your parents complete a four-year college degree or beyond?  Yes  No

### PAYMENT INFORMATION

Please check type of payment:  Self-pay  Department

If your department is responsible for payment, please fill out the attached Authorization for Payment form and return with the student registration(s). This is necessary for **Billing Purposes**. Payment should accompany the completed registration form for persons paying for their own registration.

### CLASS INFORMATION

Class #: **47-504408.18** Section #: \_\_\_\_\_ Course Title: **Instructor Training, Instructor Development**

Start Date	Monday-Thursday July 15-18, 2019	Location	Public Safety Training Center – Sparta Campus	Time	8:00am to 4:30pm	Semester	Summer 2019
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Class Fee **\$ 200.00/person** Total Hours: **32-hours**

Date Registration Received: \_\_\_\_\_



## AUTHORIZATION FOR PAYMENT

I hereby authorize the following (please PRINT):

Name	Student ID# or DOB	Name	Student ID# or DOB

Check the Class Registering For: \_\_\_\_\_ Jailer Academy  
\_\_\_\_\_ Law Enforcement Academy  
\_\_\_\_\_ In-service Training  
 Other (Please specify) **Instructor Development - \$200/person**  
47-504408.18 – 0100 (Summer 2019)

**Authorized Expenses:** Term (please check): **SUMMER 2019**

\_\_\_\_\_ Tuition – Not to Exceed \$ \_\_\_\_\_  
\_\_\_\_\_ Required Books – Not to Exceed \$ \_\_\_\_\_ (*Students are responsible for picking up books.*)  
\_\_\_\_\_ Other (Please Circle) – Not to Exceed \$ \_\_\_\_\_  
Application Fee - \$30 ----- Background Check - \$20 ----- Compass Test - \$20

### Billing Information:

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Agency/Company Name	Print Authorized Name		
PO/Street Address	**Authorized Signature**		
City	State	Zip	Telephone Number
Tax Exempt (Yes or No) and Tax Exempt #		Email Address	

Please return this form with completed registration form to [schendels@westernnc.edu](mailto:schendels@westernnc.edu) or fax to 608-269-4073. This form must be received within 14 calendar days from the date of registration or the first day of class, whichever occurs first.