



LAW ENFORCEMENT

IN-SERVICE TRAINING

Schoolcraft College

Incomplete forms cannot be processed

DATE OF BIRTH

STUDENT NUMBER (if known)
To be assigned to first-time students.

OR

LAST 4 DIGITS OF
SOCIAL SECURITY NUMBER

Male

Female

MCOLES number must be correct to receive MCOLES credit.
DATE OF BIRTH is REQUIRED in order to receive credit for this class.

LAST NAME

FIRST NAME

MI/FORMER NAME

NUMBER AND STREET

CITY

STATE

ZIP CODE

DAY PHONE

EVENING PHONE

CELL PHONE

MCOLES #

DEPARTMENT/AGENCY

EMAIL ADDRESS

If you wish to receive email notification of additional offerings in Law Enforcement In-Service Training courses.
Your email address will be kept confidential by the Law Enforcement In-Service Program at Schoolcraft College.

SECTION No.

CESP No.

COURSE TITLE

AMT: \$ _____

TOTAL \$ _____

Mail to: Schoolcraft College
Public Safety
Training Complex
31777 Industrial Rd.
Livonia, MI 48150
ph. 734.462.4307
fax. 734.462.4304
Email: leis@schoolcraft.edu



Company paid tuition:

Please send a copy of your purchase order when you register.

Co. Name _____

Co. Address _____

Billing Contact Person _____

PO# _____

For office use only:

Enclosed is my Check/Money Order payable to Schoolcraft College.

Charge to VISA/MC/Discover No. _____ Exp. _____



Signature required for charge card payment (Refund checks are issued to students rather than charge card credits)