



# LAW ENFORCEMENT

## IN-SERVICE TRAINING

Schoolcraft College

DATE OF BIRTH

STUDENT NUMBER

To be assigned to first-time students.

OR

SOCIAL SECURITY NUMBER

Returning students only need to include the last 4 digits.

Male

Female

DATE OF BIRTH is **REQUIRED** in order to receive credit for this class.

If this is your first class at Schoolcraft College, your SOCIAL SECURITY NUMBER is **REQUIRED**.

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



### 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)