

**Department of Criminal Justice Services
College Course In-Service Credit Application**

Name of Applicant: _____ SSN: _____

Department: _____

Requested By: _____ Title: _____
Signature of Agency Administrator

Name of Course: _____

College Attended: _____ Dates: Attended: _____

In-Service Training Type Requested:

<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Jailor/Custodial Officer
<input type="checkbox"/> Court Security/Civil Process	<input type="checkbox"/> Correctional Officer DOC

Number of Total Hours Requested: _____ Legal: _____ Job Related: _____

I certify that I successfully completed the named college course for the hours indicated:

Signature of Criminal Justice Officer Attending College Course

_____ Date

* *This form must be accompanied by DCJS form CC-2 completed by the course coordinator/college professor instructing the course.*

To Be Completed By DCJS

Approved for: Law Enforcement Department of Corrections
 Jailor/Custodial Officer Court Security/Process Server

Hours Approved: Legal: _____ Career Development/Elective: _____

Total In-service Credit Hours Approved: _____

DCJS Staff Signature: _____ Date: _____