



***PERSONAL INFORMATION***

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
NAME OF APPLICANT

\_\_\_\_\_  
LAST FOUR OF SS#

\_\_\_\_\_  
PREFERRED EMAIL ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

***ACADEMIC INFORMATION***

DATE ENROLLED AT JJCCJ: \_\_\_\_\_  
(MO/YR)

ANTICIPATED GRADUATION: \_\_\_\_\_  
(MO/YR)

DEGREE PROGRAM: \_\_\_\_\_  
(ex. CRJ)

CREDITS: \_\_\_\_\_  
(TO DATE)

GPA: \_\_\_\_\_

NAME/CODE OF COMPLETED TERRORISM COURSE: \_\_\_\_\_  
(ex, CRJ 744 / Terrorism and Politics)

***APPLICATION ATTACHMENTS***

STUDENT TRANSCRIPT

**PLEASE MAIL OR DELIVER THE COMPLETED APPLICATION  
AND ATTACHMENTS TO THE CENTER ON TERRORISM**