



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
- ATTACH PAPER FROM APPROVED 'TERRORISM' COURSE AND WRITE TITLE BELOW:

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