REQUEST FOR CREDIT TRANSFER FORM
SCC Criminal Justice Institute

For credit to be posted to the student's transcripts, the student must complete twelve (12) hours of college level course work at Seminole Community College *after* graduating from a Criminal Justice Academy. Completed forms can be dropped off to the Criminal Justice Institute or faxed to 407-322-1309 Attn: Alan Kraft.

SECTION I: (to be completed by STUDENT)

Student ID: _____ OR Student SSN: _____

Student Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ E-mail: _____

PROGRAM OF STUDY*:*

Law Enforcement: _____ Corrections _____ Academy Completion Date: _____

Name of school where academy training was completed: _____

By my signature below, I acknowledge that I have received a copy of the agreement under which I am requesting college credit. I further acknowledge that I have read and understand the terms of the agreement and have submitted all official documentation to the Registrar's Office as required by the agreement. I understand that the credit for which I am requesting will not be posted to my transcript until I have completed twelve (12) hours of college level course work at Seminole Community College after completion of a Criminal Justice Academy as stated hereinabove. I understand that falsification of any information requested or submitted will result in the forfeiture of credit as is grounds for immediate dismissal.

Student Signature: _____ Date: _____

SECTION II: (to be completed by DEPARTMENT CHAIR)

Verification of documentation: _____ Total Number of Hours Awarded: _____

Director Signature: _____

Course Prefix number(s) to be awarded:

_____ LAW ENFORCEMENT OFFICER
CJE 1000 CJL 1130 CJE 2400 CJL 2100 CJE 2540
CJT2100 HSC 2400 PEM 2101

_____ CORRECTIONS OFFICER
CJL 1130 CJC 1160 CJL 2100 CJC 2000 HSC 2400
PEM 2101

SECTION III: (REGISTRAR USE ONLY)

Official documentation received: _____ Date Credit Posted to Transcript: _____

Recorded by: _____ Date: _____