Metropolitan State University School of Law Enforcement and Criminal Justice

2019-2020 Law Enforcement Licensing Certificate Program

Application Cover Sheet

PRINT IN BL	ACK OR BLUE INK				
Full, <u>Legal</u> Name (First – Middle – Last)			PREVIOUS LAST NAME (IF APPLICABLE)		
Mailing Ad	DRESS				
Сіту			STATE	ZIP CODE	
Home Phone Number		MOBILE PHONE NUMBER	WORK PHONE NUMBER		
()		()	()		
E-Mail Address			Date Bachelor's Degree Conferred Month: Year:		
College/University Granting Bachelor's Degree			CUMULATIVE GRADE POINT AVERAGE		
		Have you ever applied for admission to Met ☐ YES ☐ NO IF YES, WHEN?	or admission to Metropolitan State University? WHEN?		
DRIVER'S LICENSE NUMBER		ISSUED BY THE STATE OF MINNESOTA? ☐ YES ☐ NO, STATE:	EXPIRATION DATE		
federal law. information to provide suffi	We are asking for this inform	o provide information that includes private an ation in order to process your enrollment ng; however, the university may not be able to	form. You are not	legally required to provide the	
	-	d all the applications materials for this pro	arom		
1.					
2.	I understand this is intended as a three semester cohort program, with the first two semesters (fall and spring) consisting of Saturday on-campus classes. The third semester, the Law Enforcement Skills Practicum, is tentatively scheduled to meet on weekday evenings, Monday through Thursday, plus Saturday morning and afternoon. In addition, attendance is required at a two-day, daytime driving course in St. Cloud.				
3.	I understand that being able to follow the preferred cohort model for this program is contingent on there being sufficient enrollment. The alternative is following the traditional academic schedule in which each of the required courses are generally held once a week in the evening (Monday–Thursday).				
4.	I understand that both prerequisites must be successfully completed before the start of the program.				
5.	I understand that other than the prerequisite courses, all coursework in this program must be completed at Metropolitan State University and that previous related coursework cannot be used to waive any portion of the certificate program curriculum.				
6.	I understand that applicants must possess a valid driver's license and that a valid driver's license must be maintained throughout the Skills Practicum in order to successfully complete the program.				
7.	I understand that the delivery of the curriculum may change and the program is subject to cancellation or modification depending on enrollment numbers and/or other significant factors.				
8.	I attest that all information in my application materials is true and accurate.				

Signature

Revised: 01/2019

Date