



## Training Authorization for Advanced/Specialized Courses (Paid by F.D.L.E. Trust Fund)

Officer Name: \_\_\_\_\_

Last 4 of SSN (for ATMS purposes): \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Number (ex. XCJ4030): \_\_\_\_\_ Reference Number (5 digits): \_\_\_\_\_

Course Credit (Check one): \_\_\_\_\_ Salary Incentive or \_\_\_\_\_ Mandatory Retraining\*

*\*Note: Once an officer has satisfied the mandatory requirement of a four year period, all other advanced/specialized/incentive courses **must be** for salary incentive.*

Agency Name: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

College Personnel: This portion is to be sent to the Business Office, once student has registered.

## Continuing Education Admission/Registration Form

Student I.D. # or Social Security #: \_\_\_\_\_

Your student ID# is 9 digits long and begins with the first letter of your first name. It is not the number on your student ID card. It can be found on your class schedule/fee statement and your student receipt from previous registrations.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female Date of Birth: \_\_\_\_\_

Car Tag Number: \_\_\_\_\_ Car Tag State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course	Reference #	Title	Date(s)	Time	Day (MTWRFUSU)

**How to register: Email this completed form to Katherine St. Onge, Criminal Justice Office Specialist I, [stongek@nwfsc.edu](mailto:stongek@nwfsc.edu). You will receive an email confirmation that you have been registered.**