

ENROLLMENT FORM

CRIMINAL JUSTICE CERTIFICATE PROGRAM

Please fill in the information below.

NAME: _____

UF ID: _____

LOCAL ADDRESS: _____

LOCAL PHONE: _____

EMAIL: _____

EXPECTED DATE
OF GRADUATION: _____

HAVE YOU TAKEN OR ARE CURRENTLY ENROLLED IN:

EVIDENCE?: _____

CRIMINAL PROCEDURE POLICE PRACTICES: _____

CRIMINAL PROCEDURE ADVERSARY SYSTEMS:- _____

PLEASE SUBMIT A COPY OF YOUR TRANSCRIPTS AND A RESUME ALONG WITH A COVER LETTER DESCRIBING YOUR INTEREST IN CRIMINAL LAW.

Enrollment Date: _____

Please return to Criminal Justice Center, in the Clinic Office 100 Bruton-Geer Hall.