

Please complete all areas of the form. All information provided is kept strictly confidential. Application may be submitted online, by mail, e-mail, or by fax. Fax application to (269) 565-2060. E-mail application to crju@kellogg.edu. Mail application to: Kellogg Community College, Criminal Justice Programs, 450 North Ave, Battle Creek, MI 49017.

Test Fee is \$45 and is payable by Credit or Debit Card Only. **Application deadline is 4:00pm the Wednesday before each test.** Cancellations for a refund must be received by that time. All payments will be processed on Thursday or Friday prior to the test. **All fitness tests will be conducted at the KCC Miller Gym, 450 North Ave, Battle Creek, MI 49017.**

Submitting this form does not qualify as confirmation; we will e-mail you to confirm your registration. **Please contact us by Wednesday prior to the test date if you do not receive a confirmation email.** Kellogg Community College will notify you by e-mail or phone if the session is cancelled due to inclement weather or low enrollment. A recorded message regarding cancellation will be available the Thursday before a test at 269-660-7703.

Please **TYPE** or **PRINT** the following information:

**1 Applicant Information**

Name Last	First	MI
Address Street Number/Name		
City	State	Zip
Phone Number	Email Address	

**2 Requested Test Date (Please Check One)**

- |   |  |
|---|--|
| <input type="checkbox"/> Saturday, March 9, 2019 @ 12 noon  | <input type="checkbox"/> Saturday, June 8, 2019 @ 12 noon  |
| <input type="checkbox"/> Saturday, March 23, 2019 @ 12 noon | <input type="checkbox"/> Saturday, June 22, 2019 @ 12 noon |
| <input type="checkbox"/> Saturday, May 18, 2019 @ 12 noon   |  |

**PLEASE NOTE THE START TIME FOR EACH TEST DATE**

The information on this form has been provided by me and is true and complete to the best of my knowledge. I agree to provide proof of any information if it is requested. I understand that false/or misleading information may lead to loss of course credit, loss of tuition and fees paid, dismissal from KCC and/or criminal action.

- 3**  I have read the above statement and agree.

**4 Payment**

- Credit/Debit Card – Please fill in all areas of the following form.

Amount to charge: \$	<input type="text"/>	Card Type:	<input type="text"/>
Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date:	<input type="text"/>	Cardholder's Name:	<input type="text"/>
		Pin	<input type="text"/>
		(3 or 4 digits on back of card)	

For Office Use Only	
Date Rec'd.	<input type="text"/>

For Business Office Only \$45 Application Fee
Please deposit by applicant name to Account #04-0701-159900-834