

MCOLES Physical Fitness Test Application

PHYSICAL FITNESS TEST 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)

Saturday, February 20, 2021 – Fitness 9:00am
 Saturday, March 6, 2021 – Fitness 11:30am
 Saturday, March 27, 2021 – Fitness 11:30am

Saturday, April 24, 2021 – Fitness 11:30am
 Saturday, May 15, 2021 – Fitness 11:30am
 Saturday, June 12, 2021 – Fitness 11:30am

* The Public Safety Education office will be closed the Friday prior to this test date.

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
(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