

**Illinois Department of Corrections (IDOC)
Cycling-Training [In-Service]
Proficiency Credit Program**

Registration/Grade Form

Academic Outreach Subdivision-Division of Academic Affairs
Moraine Valley Community College-Palos Hills, IL 60465-0937

- **Print and complete this form.**
- Submit it to Academic Outreach Subdivision in B Building, Room B260.
- **OR, mail to:**
Academic Outreach Subdivision, Moraine Valley Community College
9000 W. College Pkwy.
Palos Hills, IL 60465-0937
Phone: (708) 974-5710

Date _____ **CCSTI**
[] **Cycle Training** (3-credits)

Name _____ **SSN** _____

Address _____ **Phone** _____

E-mail _____

(Office use: F 31 -101-Section _____ Total Fee _____)

Student is to be registered in the listed courses. (Liaison completes the course date/sponsor columns)

Course Code	Title	Credits	Course Date	Course Sponsor
ADC-230	Special Topics in Addictions Studies	1		CCSTI
CRJ-210	Special Topics in Criminal Justice	1		CCSTI
SLP- 210	Special Topics in Security	1		CCSTI

- A copy of IDOC (or IDOC Verification Form) and/or Illinois Law Enforcement Training and Standards Board certificate of training completion must be attached.

Student Signature _____ **Date** _____

APPROVAL:

CJS Partnership Liaison _____ **Date** _____

Academic Outreach Office _____ **Date** _____

Registrar _____ **Date** _____

Keep a completed copy of this form for your records.