Cook County Sheriff Training Institute (CCSTI)
Specialize Training

Proficiency Credit Program

Registration/Grade Form

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

- **Print and complete this form.**
- Submit it to Academic Outreach Department in L Building, Room L244.
- **OR, mail to:**
  Academic Outreach Department,
  Moraine Valley Community College
  9000 W. College Pkwy.
  Palos Hills, IL 60465-0937
  Phone: (708) 974-5710

Date _____

CCSTI
[__] Specialized Training

Name _____

MV Connect Student ID# _____

Address _____

Phone _____

E-mail _____

Fee _____

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

Course Code	Title	Credits	Course Date	Program	Course Sponsor
ADC-112	**Diversity in Addictions Counseling**	3		Advanced Mental Health	**CCSTI**
ADC-205	**Substance Abuse**	3		Narcotics	**CCSTI**
CRJ-207	**Procedural Criminal Law**	3		Arrest Procedures	**CCSTI**

- A copy of CCSTI and/or Illinois Law Enforcement Training & Standards Board certificate of training completion must be attached.

Student Signature _____ **Date** _____

APPROVAL:

CJS Partnership Liaison _____ **Date** _____

Subdivision Dean _____ **Date** _____

Academic Outreach Office _____ **Date** _____

Registration _____ **Date** _____

Keep a completed copy of this form for your records.