



# BROWARD SHERIFF'S OFFICE INSTITUTE FOR CRIMINAL JUSTICE STUDIES VISITING STUDENT APPLICATION

Course Title: \_\_\_\_\_

Dates/Times: \_\_\_\_\_

**Instructions:**

1. Please type or print legibly. Illegible or incomplete applications will be returned.
2. Enter "Status" as applicable, using one of the following CJSTC codes:  
 COR = Corrections Officer                      CON = Concurrent Officer  
 SUP = Support Personnel                        LEO = Law Enforcement Officer  
 PRO = Probation Officer                        OTH = Non-Florida Certified
3. Enter "Credit" as either "SAL" for salary incentive or "MAN" for mandatory retraining.

**Student(s) Registration:**

Last Name	First Name	Social Security #	Status	Credit

**Authorization:**

I am an authorized agency administrator who attests to the eligibility of the listed registrants and ensures payment of any fees as advertised.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Rank/Position: \_\_\_\_\_

Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**\*\*\* PLEASE FAX COMPLETED APPLICATION TO 954-797-0938 \*\*\***

**BSO ICJS USE ONLY:**

Received:    Date: \_\_\_\_\_                      By: \_\_\_\_\_

Answered:    Date: \_\_\_\_\_                      By: \_\_\_\_\_

Enrolled:    Date: \_\_\_\_\_                      By: \_\_\_\_\_

Comments: \_\_\_\_\_