Career Education Program : <u>Administration   of Justice</u>

ECC Title : <u>Private Security and Loss Prevention</u>

DATE

MSJC Student ID #   E-Mail:

_____

First Name   MI   Last Name

_____

Address   Apt #

City   State   Zip   Phone Number

Indicate Program Completion Semester: | Summer | Fall | Spring | Year: _____

When all class requirements have been met, <u>Submit Completed Application to requestecc@msjc.edu</u>.
PLEASE NOTE: A cumulative GPA 2.0 or higher is required for these courses.
Approved ECC certificates are processed and mailed on a quarterly basis

_____ _____   _____ _____

Verified by   Date   Approved by Instruction Office   Date

Revised 07/01/2022