Department of Criminal Justice Services
College Course In-Service Credit Attest

Name of Student: _____ SSN: _____

Name of Course Attended: _____

Name of College/University Attended: _____

Name of Course Coordinator/Professor: (Typed or Printed) _____

Semester/Quarter Attended: _____

Course Description: (To be completed by Course Coordinator/Professor)

* Please provide a synopsis or attach a course syllabus of the course indicating a description of the material covered and method(s) of presentation.

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I certify that the student indicated above completed the course listed with a minimum passing grade of "C" or better or successfully completed a pass/fail course and attended a minimum of _____ contact hours of classroom presentation.

_____ _____

Signature of Program Coordinator/Professor Date