NORTH CAROLINA JUSTICE ACADEMY
OTHER AGENCY COURSE SUMMARY

Course Title: _____

Course Starting Date: _____ Course Ending Date: _____

Campus: ☐ Salemburg ☐ Edneyville

Name of Requestor: _____ Agency: _____

SS# (last four digits): _____ DOB: _____

Agency Address: _____
Mailing Street

_____
City State Zip

Phone Number: _____ E-mail Address: _____

Point of Contact on Campus: _____ Phone/Cell Number: _____

Course Details: _____ Total Hours _____ Enrollment Limit

_____ Student Beds _____ Instructor Beds TOTAL Beds 0

*Comments

Course Coordinator: _____ Date Submitted: _____

ISS/Manager: _____ Approved ☐ Yes ☐ No Date _____

Deputy Director: _____ Approved ☐ Yes ☐ No Date _____

Registrar: _____ Approved ☐ Yes ☐ No Date _____

Posted: _____

Reasons for Disapproval:

Need class roster one week prior to class start date.