

Act 120 - Application Packet

Request for Application Packet

Mail this form along with the \$30 non-refundable application fee (made payable to IUP) to: Police Academy Application, General Accounts Receivable, 119 Clark Hall, 1090 South Drive, Indiana, PA, 15705. Upon receiving the Request and \$30, CJTC will forward your application packet to you.

To Apply For: (select one)

Indiana, Full-time CMU, Part-time California, Part-time Indiana, Part-time

Name _____ SS# _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Request for Information

In order to receive information you must send the Request for Information form directly to the address below. Do NOT send \$30 at this time. When there is sufficient interest in the location, all who have mailed in their Request for Information forms will be contacted.

Mail Directly To:

Criminal Justice Training Center, IUP
Eicher Hall, Room 105
860 Grant Street
Indiana, PA 15705

To Receive Information For: (select one)

Indiana, Full-time CMU, Part-time California, Part-time Indiana, Part-time

Name _____ SS# _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____