

# NORTH CAROLINA JUSTICE ACADEMY OTHER AGENCY COURSE SUMMARY

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

Current Course: Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Campus: Salemburg Edneyville

Name of Requestor: Agency: \_\_\_\_\_

Phone Number: Email Address: \_\_\_\_\_

POC on Campus Cell Phone: \_\_\_\_\_

Class start time: Class end time: Enrollment Limit: \_\_\_\_\_

Total Class Hours: \_\_\_\_\_

Student	Instructor	TOTAL BEDS
<b>BEDS:</b>		

**Facility Information:**

Facility Needed	Start Date	End Date	Start Time	End Time	Facility Assigned
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**Comments  
regarding  
class:**

Course Coordinator	Date submitted:			
NCJA	Approved:	Yes	No	Date:
Deputy Director	Approved:	Yes	No	Date:
Registrar	Approved:	Yes	No	Date:
Posted by ISS	Approved:	Yes	No	Date: