

GULF COAST TECHNOLOGY CENTER (GCTC) INTELLIGENT U: AN INTELLIGENCE INNOVATION ACADEMY

STUDENT/APPLICANT INFORMATION											
Officer's Last Name: First: Middle:			□ Ofc.			Sgt.	Position (Circle One)				
					Det.			Swo	orn/ Cert	./ Civ./ Otl	า.
Date: Time:	Agency Name:		Assignment:		Ba	dge/Em	np.# Age:		Sex:		
										□ M F	
Street Address:			Office Telephone:			Mobile Telephone:					
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P.O Box: City:						Sta	te:	Zip Code:			
License Held (If Applicable): Email:						LE-POST# or CERT#					
🗌 Yes 🗌 No 🗌 Pene											

Experience or Previous Training in Subject Matter:

NOTE: *CERTAIN COURSES HAVE PRE-REQUISITIE OR OTHER ENROLLMENT REQUIREMENTS. CANDIDATES WILL BE ADVISED IF THEY ARE ACCEPTED

SELECTIONS, I wish to apply for enrollment in the below course:

Course Code	Course Date						

EMAIL COMPLETED FORMS TO: rebecca.turk@cityofmobile.org QUESTIONS? Call (251) 301-0150

2024 COURSE OFFERINGS