

MCOLES Physical Fitness Test Application

Please complete all areas of the form. All information provided is kept strictly confidential. E-mail application to crju@kellogg.edu.

Test Fee is \$55 and is payable by Credit or Debit Card Only. **Application deadline is 4:00pm the Wednesday before each test.** Cancellations for a refund must be received by that time. All payments will be processed on Thursday or Friday prior to the test. **All fitness tests will be conducted at the KCC Miller Gym, 450 North Ave., Battle Creek, MI 49017.**

Submitting this form does not qualify as a confirmed registration; we will e-mail you to confirm your registration. **Please contact us by Wednesday prior to the test date if you do not receive a confirmation email.** Kellogg Community College will notify you by e-mail or phone if the session is cancelled due to inclement weather or low enrollment. A recorded message regarding cancellation will be available the Thursday before a test at 269-660-7703.

Please **TYPE** or **PRINT** the following information:

1 Applicant Information

Name Last	First	MI
Address Street Number/Name		
City	State	Zip
Phone Number	Email Address	
Please provide the Police Academy you're applying for, or the department you're testing for or employed by:		

2 Requested Test Date (Please Check One)

- Sat., April 6, 2024 @ 11:30 am
 Fri., June 7, 2024 @ 11:30 am
 Fri., July 19, 2024 @ 11:30 am
 Fri., May 10, 2024 @ 11:30 am
 Fri., June 21, 2024 @ 11:30 am

NOTE: The Public Safety Education office is closed on Fridays in June and July.

PLEASE NOTE THE START TIME FOR EACH TEST DATE

The information on this form has been provided by me and is true and complete to the best of my knowledge. I agree to provide proof of any information if it is requested. I understand that false/or misleading information may lead to loss of course credit, loss of tuition and fees paid, dismissal from KCC and/or criminal action.

3 Agreement I have read the above statement and agree.

4 Payment Credit/Debit Card – Please fill in all areas of the following form.

Amount to charge: \$ Card Type:

Card Number: Pin
(3 or 4 digits on back of card)

Expiration Date: Cardholder's Name:

Cardholder's Address:
Street Address City State Zip Code

For Office Use Only

Date Rec'd.

For Business Office Only - \$55 Application Fee

Please deposit by applicant name to Account #04-0701-159900-834