



# Montana Public Safety Officer Standards & Training Council

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dojmt.gov/post

## APPLICATION FOR POST CREDIT FOR COLLEGE COURSES

23.13.205

**Instructions:** This form is to be completed and submitted by the individual requesting POST credit for all college courses, including online college courses. POST awards 10 hours of credit per semester credit hour or 6 hours of credit for each quarter credit hour. You do not need to submit a separate application for each individual class. **Please note the requirements for POST approval and credit are:**

**1) you must complete this application and submit it with all required materials**

Have you attached the following to this application\*

- College Transcripts? (Does not have to be an official transcript)  Yes  No

- A written explanation, in your own words, describing how the college class(es) applies to your work as a public safety officer? (You must submit a separate explanation for each class for which you are requesting POST credit.)  Yes  No

**2) you must have successfully completed each course for which you are seeking credit**

Did you successfully complete (pass) each course for which you are seeking credit?  Yes  No

**3) the course must relate to your work as a public safety officer**

Does each course relate to your work as a public safety officer?  Yes  No

If the course does not meet these requirements, it will not receive POST approval or credit.

### Applicant Information:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Personal Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### College Information:

College: \_\_\_\_\_

College Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

Hour Type (check one): Quarter  Semester

Degree Received (check one): AA  BA  BS  MA  MS

Other: \_\_\_\_\_

### Course Information: (attach additional sheets with additional courses if necessary)

Course Name: \_\_\_\_\_

Course Dates: \_\_\_\_\_ Number of Course Hours: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Printed Name of Agency Head

\_\_\_\_\_  
Signature of Agency Head Date

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

**\* Failure to attach the items listed may result in POST denying course credit.**

#### POST Council Use Only

Approved by \_\_\_\_\_

Date \_\_\_\_\_