



# MARSTON POLYGRAPH ACADEMY

## APPLICATION FOR ADMISSION

Form updated 2/14/25

I request to attend the following course(s) (check one only):

Basic Polygraph Examiner and PCSOT course combo (\$4,995)\*

PCSOT Course Only\* (\$750) (Requires prior completion of APA-approved Basic Polygraph Examiner course - see note below)\*\*

Start Date: (MM/DD/YYYY)

Are you applying for the special All-Inclusive Bundle (Tuition/Equipment offer) for \$9,990? Yes No

|   |                 |                                     |          |
|---|-----------------|-------------------------------------|----------|
| What is your full legal name? ( First / Middle / Last Name(s) ) |                 | Social Security Number (##-##-####) |          |
| Home Address:   |                 |                                     |          |
| City:   | State/Province: | Postal Code:                        | Country: |
| Mobile Number:  | Home Number:    | E-mail address:                     |          |

### REGISTRATION REQUIREMENTS

Following are the requirements for admission. Students shall have:

- ✓ No felony conviction or misdemeanor conviction involving moral turpitude.
- ✓ Applicants who are U.S. citizens shall, as a minimum, have earned a bachelor's degree from a regionally or nationally accredited institution as recognized by the Higher Learning Commission and U.S. Department of Education.
- ✓ Exceptions to this requirement include: active/sworn law enforcement officers (LEO); retired LEOs; or honorably discharged or retired U.S military veterans from any branch of the United States Armed Forces.
- ✓ Prospective foreign students must have earned a four-year college/university degree and be proficient in English.

|                    | Name of School and City Where Located | Major | Units / Years Completed | Date Graduated |
|--------------------|---------------------------------------|-------|-------------------------|----------------|
| College/University |                                       |       |                         |                |

|                              | Name and Location (City/State) of Employing Agency | Dates of employment |
|------------------------------|--|---------------------|
| Current or retired LE agency |  |                     |

### EMPLOYMENT HISTORY

|  |   |               |
|--|---|---------------|
| Name of current or last employer   | Employed from:                          | Employed to:  |
| Address of current or last employer. Street – City – State - Postal Code - Country |   | Phone Number: |
| What job do/did you perform for this employer?                                     | Who is/was your immediate supervisor?   |               |
| If you are now not employed here, why did you leave?                               | May we contact this employer?<br>Yes No |               |

**\*Note:** The completion of the PCSOT course is OPTIONAL. Since the cost of the PCSOT course is included in the total cost of the basic course, the tuition is the same if you choose NOT to attend the PCSOT course.

**\*\*Note:** Only attending the PCSOT course? You are required to have completed an APA-approved basic polygraph examiner course prior to attending the PCSOT course. You must also meet the general admissions requirements with exceptions made by the Director on a case-by-case basis.

Name of school

Dates attended

Your Last name

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----|----|
| <b>Have you ever been convicted of any felony crime? (a felony conviction is an automatic bar to admission/enrollment.)</b>  | > | > | > | > | > | > | > | > | > | > | > | > | > | > | > | > | Yes | No |
| <b>Have you ever been arrested for a misdemeanor which resulted in imprisonment? (A misdemeanor conviction which resulted in imprisonment may be a bar to admission/enrollment.)</b> | > | > | > | > | > | > | > | > | > | > | > | > | > | > | > | > | Yes | No |
| <b>Have you ever been denied membership in or been expelled from any professional group or organization? If yes, list organization and date:</b>                                     | > | > | > | > | > | > | > | > | > | > | > | > | > | > | > | > | Yes | No |
| <hr/>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |     |    |

Have you ever attended or been admitted to a polygraph school or polygraph training that you did not complete?

Yes          No

If "YES", name of school and date: \_\_\_\_\_

Please provide the names and telephone numbers of two references who know you personally and can speak to your personal character. Do not list relatives or former employers.

Reference: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reference: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In the event you are admitted, whom should we notify, on your behalf, in the event of an emergency?

Name/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

| Is there anything you have not disclosed that we should know about? If yes, please explain: | Yes | No |
|---|-----|----|
|   |     |    |

\*Please sign here: \_\_\_\_\_ Date: \_\_\_\_\_

By digitally signing this application, I attest that all of information entered in this application is true and accurate to the best of my knowledge and will consent to a voluntary polygraph test, if requested, to verify this information. Initials \_\_\_\_\_

Additionally, I authorize representatives of Marston Polygraph Academy to verify all information provided by me in this application and approve the release of any and all records and information concerning me. I further authorize any firm, person, or government agency to release any requested information, and I release from liability any person who furnishes or obtains any information about me in connection with this form. Initials \_\_\_\_\_

*I understand that Marston Polygraph Academy reserves the right to expel any current or potential student from any its courses, or deny the application for admission prior to start of a course, if it determined that I knowingly falsified, omitted, or provided misleading information in the application of admission process. Initials \_\_\_\_\_*

\*To sign application, enter your full name (as listed in this application) followed by the last four of your social security number, ie - John Doe 1234

**Once completed, SAVE and email the completed application to [info@marstonpolygraph.com](mailto:info@marstonpolygraph.com)**