ILLINOIS VALLEY COMMUNITY COLLEGE
CO-CURRICULAR TRANSCRIPT PROGRAM
APPLICATION FORM

Student ID _____   **Date Of Application** _____

Student's Name _____

Address _____

City _____ **Zip** _____ **Phone** (___) _____

Dates Of Attendance At IVCC _____

Are You Currently In Good Standing At IVCC?   Yes   No

I confirm that all of the information contained on this application is correct:

_____
Student's Signature   Date