



Application to Attend a Recognized Public Community College by Cooperative Agreement

PLEASE CHOOSE ONE: New Request Continued Request

First & Last Name: Last 4 digits of Social Security #:

Birthdate: Phone Number:

Address: City: Zip Code:

Illinois Community College you wish to attend:

Which do you intend to pursue? AAS degree Certificate

Program you intend to enroll in:

This agreement covers courses required for the above certificate or AAS degree program ONLY.

Illinois Valley Community College's agreement covers one academic year. You must submit a new application for each academic year you are enrolled in the program.

I intend to enroll for the following terms in academic year **2024-2025**
(choose **ALL** that apply): Summer 2024 Fall 2024 Spring 2025 Summer 2025

I hereby certify that, to the best of my knowledge, the above information is true and complete, without evasion or misrepresentation. I understand that if facts are found to be otherwise, such discovery may be sufficient cause for rejection of my request or revocation of permission, if previously granted.

Signature: _____ Date _____

INSTRUCTIONS:

1. Mail the completed form to: Illinois Valley Community College
815 North Orlando Smith Road Oglesby, IL 61348
Attn: Vice President for Academic Affairs

Or fax the form to: 815-224 3033
Or email the form to: polly_ragazincky@ivcc.edu

This form **MUST** be completed and returned to the office of the **Vice President for Academic Affairs** at least **30 days PRIOR** to the beginning of any semester, quarter, or term for which you request support.

2. IVCC will email the approved agreement to the college you are applying to attend.

To be completed by an IVCC Administrator:

Approved Denied

Vice President for Academic Affairs