



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 approves Cooperative Agreements for one year increments. You must submit a new application for each academic year.

I intend to attend for the following terms Summer 2019 Fall 2019 Spring 2020 Summer 2020
in academic year **2019-2020 (choose ALL that apply):**

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.

Signed: _____ Today's Date:

INSTRUCTIONS:

- 1. Mail the completed form to: Associate Vice President for Academic Affairs
Illinois Valley Community College
815 North Orlando Smith Road Oglesby, IL 61348
- Or fax the form to: **Attn: Associate Vice President for Academic Affairs**
815-224 3033
- Or email the form to: sandy_beard@ivcc.edu

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

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

To be completed by an IVCC Administrator:

Approved Denied

Associate VP for Academic Affairs