



Application to Attend a Recognized Public Community College By Cooperative Agreement

PLEASE CHOOSE ONE:

New Request Continued Request

Today's Date ____/____/____

Telephone No. (____) _____

Last four digits of Social Security number _____ Birthdate ____/____/____

I, _____, do hereby certify that I reside at
(First and Last Name)

(Number and Street)

(City/Town)

Illinois, which is within Illinois Valley Community College District No. 513. I hereby, make application to attend a recognized Illinois Public Community College during the 20____ - 20____ academic year and/or the 20____ summer session.

I certify that I intend to enroll at _____
(Name of College)

in the _____ AAS degree certificate
(Name of Program)

program because this curriculum is not offered at Illinois Valley Community College (District 513).

I further certify that the information contained in this application is true and correct.

Signed: _____

THIS AGREEMENT COVERS COURSES REQUIRED FOR THE ABOVE CERTIFICATE OR AAS DEGREE PROGRAM ONLY

INSTRUCTIONAL AND PROCEDURAL STEPS:

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

You can fax the form to: **ATTN: Associate Vice President for Academic Affairs**
FAX#: 815-224-3033

THIS FORM MUST BE COMPLETED AND RETURNED TO THE ASSOCIATE VICE PRESIDENT'S OFFICE AT LEAST 30 DAYS PRIOR TO THE BEGINNING OF ANY SEMESTER, QUARTER, OR TERM FOR WHICH YOU REQUEST SUPPORT.

2. The approved form will be faxed to the recognized Illinois Public Junior/Community College the applicant is applying to attend.