



# Enrollment/Registration Form

815 N. Orlando Smith Ave., Oglesby, IL 61348-9692  
Telephone: (815) 224-0439 Fax: (815) 224-6091

Social Security Number \_\_\_\_\_ Term applying for: (August) (January)  
 Fall, 20 - \_\_  Spring, 20 - \_\_  Summer, 20 - \_\_  
 Male  Female Do you intend to enroll full-time - 12+ credits?  Yes  No  Unsure

**Legal Name** (Please print)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle (full) \_\_\_\_\_

Former last name(s) \_\_\_\_\_ **Date of Birth:** Mo \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_

**Mailing Address:**

Street Address, Apt., or P.O. Box Number \_\_\_\_\_

Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

**Phone:** Home \_\_\_\_\_ Work \_\_\_\_\_ EMail: \_\_\_\_\_

**Ethnic/Ethnicity:** 1. Are you Hispanic or Latino?  Yes  No

2. Are you from one of the following racial groups? Select all that apply

- American Indian or Alaskan Native  Asian  Black or African American
- Native Hawaiian or other Pacific Islander  White  Choose not to respond

3. Please identify your primary racial/ethnic group. Select One

- American Indian or Alaskan Native  Asian  Black or African American  Hispanic
- Native Hawaiian or other Pacific Islander  White  Choose not to respond

4. Are you in the US on a visa – Nonresident Alien?

- No  Yes: List type of visa \_\_\_\_\_ Country of Origin: \_\_\_\_\_

**Intended Academic Program** (refer to back side of application) \_\_\_\_\_

**High School attending or attended:** \_\_\_\_\_ Grad Yr \_\_\_\_\_  
City & State \_\_\_\_\_

**Educational Background:** (mark any that apply)

- Completed 8th grade or less  Withdrew from H.S.  Finished GED: (yr)\_\_\_\_  Still in H.S.  Graduated H.S.
- Associates Degree  Bachelors Degree  Masters Degree  1st Professional Degree  Doctorate Degree

**Other colleges attended:**

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Educational Goals** (check one)

- Prepare for future job  Improve skills for present job  Prepare for transfer to another institution
- Improve basic academic skills/prep for GED  Personal interest/self-development

**Enrollment Status** (check one)

- First time college  Transfer to IVCC  Re-enroll  Pre-college (ABE, GED, ESL)  Continuing

**Student's native language if other than English** \_\_\_\_\_

**Name of person to contact in case of emergency:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Did any of your parents/grandparents attend college?**  Yes  No  Uncertain

**Are you a veteran?**  Yes  No If yes, please provide your discharge date: \_\_\_\_\_

*I understand that if I withhold or give false information on this form it may subject me to dismissal. I further certify that the above statements are complete and correct.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

