



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: 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 _____

Illinois Valley Community College does not discriminate on the basis of age, religion, national origin, color, gender, mental or physical disability in enrollment or its employment policies

Name _____

EMPLOYMENT STATUS:

- Full-time (FT)
- Part-time over 15 hours (PO)
- Part-time 15 hours or less (PL)
- Homemaker (HO)
- Unemployed (UN)

ADD THESE CLASSES

COURSE NO.	SECTION NO.	CREDIT HOURS	TUITION & FEES
REGISTRATION FEE <i>(For Credit Classes Only)</i>			\$5.00

TOTAL

Counselor's Signature _____

Student's Signature _____

***Payment by Credit Card:** Total payment of fees and tuition as calculated by IVCC

- VISA
- MASTERCARD
- DISCOVER
- AMERICAN EXPRESS

Credit Card Number _____ Expiration Date _____

Cardholder's Signature: _____ 3 Digit Verification Code _____

Student's Name _____ Student's SS# or ID# _____

Cardholder's Home Phone _____ Cardholder's Work Phone _____

For information on additional payment options, visit www.ivcc.edu/payment or call 815-224-0213