

Pre-registration is required for all classes. Online registration is encouraged to ensure availability of classes.

Payment is due at the time of registration.

REGISTER NOW:

Online

ivcc.edu/enroll

Mail

Continuing Education Center
815 N. Orlando Smith Road
Oglesby, IL 61348

Phone

Please call (815) 224-0427

Fax

(815) 224-0276

In Person

IVCC – Continuing Education
Room CTC-219
815 N. Orlando Smith Road
Oglesby, IL 61348

REGISTRATION CONFIRMATION

You will receive a confirmation of your registration by email.

REFUND/CANCELLATION POLICY

To cancel your registration before a class starts, please call (815) 224-0427. Refunds will be issued to students who cancel the class at least one business day prior to the class date, unless otherwise noted. Programs with different refund policies are so stated at point of registration.

The Continuing Education Center reserves the right to cancel class due to low enrollment or other extenuating circumstances. If a class must be canceled by the Continuing Education Center, you will receive a full refund.

Continuing Education Registration Form

Fall 2021 | Visit our website - ivcc.edu/enroll  



Gender: Male Female Non-Binary

Admission Status: First time IVCC Student Returning IVCC Student

Last Name _____ Former Last Name _____ First Name _____ MI _____

Home Mailing Address _____

City _____ State _____ Zip _____ County _____

Phone: Home () _____ Business () _____ Cell () _____

Date of Birth (required) ____ / ____ / ____ Email Address (required) _____

Emergency Contact Name _____ Phone () _____

The following items are requested for state reporting.

Ethnic/Ethnicity:

Please identify your racial/ethnic group. (more than one can be selected)

- Choose not to respond American Indian/Alaskan Native Asian Hispanic or Latino
- Black or African American Native Hawaiian or other Pacific Islander White
- Non-Resident Alien

COURSE NUMBER	COURSE NAME	FEES
TOTAL		

STUDENT SIGNATURE _____ DATE _____

PAYMENT INFORMATION

- Check enclosed, payable to Illinois Valley Community College
- Please charge my credit card for the fees indicated above.
- Master Card Visa Discover American Express 3-Digit Security Code _____
- Card Number _____ Expiration Date _____
- Cardholder's signature _____ Per Phone

IVCC does not discriminate on the basis of race, national origin, disability, age, religion, sexual orientation or any legally protected classification.