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 2022 | Visit our website - ivcc.edu/enroll

ILLINOIS VALLEY COMMUNITY COLLEGE

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.