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
(request a registration form)
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 cancelled by the Continuing Education Center, you will receive a full refund.

Continuing Education Registration Form

Fall 2024 | 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_____ ___

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 ○ Middle Eastern or North African

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.