

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

Spring 2023 | Visit our website - [ivcc.edu/enroll](http://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.