



# Application to Attend a Recognized Public Community College by Cooperative Agreement

PLEASE CHOOSE ONE:  New Request  Continued Request

First & Last Name:  Last 4 digits of Social Security #:

Birthdate:  Phone Number:

Address:  City:  Zip Code:

Illinois Community College you wish to attend:

Which do you intend to pursue?  AAS degree  Certificate

Program you intend to enroll in:

***This agreement covers courses required for the above certificate or AAS degree program ONLY.***

**Illinois Valley Community College approves Cooperative Agreements for one year increments. You must submit a new application for each academic year.**

I intend to attend for the following terms  Summer 2021  Fall 2021  Spring 2022  Summer 2022 in academic year **2021-2022 (choose ALL that apply):**

I hereby certify that, to the best of my knowledge, the above information is true and complete, without evasion or misrepresentation. I understand that if facts are found to be otherwise, such discovery may be sufficient cause for rejection of my request or revocation of permission, if previously granted.

Signed: \_\_\_\_\_ Today's Date:

### INSTRUCTIONS:

- 1. Mail the completed form to: Associate Vice President for Academic Affairs  
Illinois Valley Community College  
815 North Orlando Smith Road Oglesby, IL 61348
- Or fax the form to: **Attn: Associate Vice President for Academic Affairs**  
**815-224 3033**
- Or email the form to: sandy\_beard@ivcc.edu

This form **MUST** be completed and returned to the **Associate Vice President for Academic Affairs office** at least **30 days PRIOR** to the beginning of any semester, quarter, or term for which you request support.

- 2. IVCC will fax the approved agreement to the college you are applying to attend.

To be completed by an IVCC Administrator:

Approved  Denied

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Associate VP for Academic Affairs