

ILLINOIS CENTRAL COLLEGE
PROCEDURE FOR MAKING APPLICATION TO ATTEND
AN OUT-OF-DISTRICT PUBLIC COMMUNITY COLLEGE IN ILLINOIS

A "**Chargeback**" is an agreement between Illinois Community Colleges. If the community college district in which you live does not offer the program of study (applied degree or certificate program) you desire, that community college will provide partial tuition support (the out-of-district portion of your tuition) at the community college that offers the program in which you wish to enroll.

A "**Cooperative Education Agreement**" is an agreement between Illinois Central College, Illinois Valley Community College, Black Hawk College, Carl Sandburg College, John Wood College, Heartland Community College, and Spoon River College for an approved resident of one district to enroll in a specified occupational program at a participating school and be required to pay only the in-district tuition rate established by the college attended. The Cooperative Agreement is approved if the community college district in which you live does not offer the program of study you wish to pursue.

The following procedures apply for either partial tuition support (chargeback) or authorization under the Cooperative Education Agreement:

Your application to attend a community college outside of the Illinois Central College District must be returned to the Director of Admissions & Records at Illinois Central College at least 30 days prior to enrollment in the desired program. Applicant must be a legal resident of Illinois Central College District #514. Proof of legal residency may be required in some cases.

This form will be used as the application for the Chargeback and Cooperative Agreements:

- (1) Complete this application and return to: Director, Admissions & Records, Illinois Central College, One College Drive, East Peoria, IL 61635.
- (2) A current program of study showing all courses to be taken from the college in which the student plans to enroll must accompany the application. The Director will review the request, the Illinois Central College catalog, and the program of study submitted by the student.
- (3) A recommendation for approval or denial will be made.
- (4) The request and recommendations are then forwarded to Illinois Central College Board of Trustees for final approval at the next appropriate board meeting.
- (5) You will be notified by mail within 30 days regarding authorization. If approved, the Illinois Community College will also receive a letter of authorization.

Once approved, this authorization is valid for the entire duration of your program of studies. However, it does not provide authorization if you subsequently change your program of studies. You must provide the Director of Admissions & Records of Illinois Central College a copy of your class schedule 30 days prior to each semester. Failure to provide a schedule may result in termination from this program.

Please make a copy of these procedures and completed application for your records.

Send or deliver to: **Director of Admissions & Records, Illinois Central College,
Room L211, One College Drive, East Peoria, IL 61635.**

ILLINOIS CENTRAL COLLEGE APPLICATION
TO ATTEND AN OUT-OF-DISTRICT PUBLIC COMMUNITY COLLEGE IN ILLINOIS

Please check one: Chargeback Cooperative Education Agreement

PERSONAL DATA

1) Social Security No: _____ 2) Date of Application: _____

3) Legal Name: _____
(last) (first) (middle) (previous)

4) Present Address: _____
(street number) (city or town)

(county) (state) (country) (zip code) (area code/telephone)

5) How long have you lived at this address? _____

6) Legal Address (if other than present): _____
(street number)

(city or town) (county) (state) (country) (zip code) (area code/telephone)

7) Name of Parent/Guardian or Spouse: _____
(last) (first) (middle)

8) Address: _____
(street number) (city or town)

(county) (state) (country) (zip code) (area code/telephone)

9) Are you a citizen of the United States? _____
If no, state type of VISA: _____ If yes, Naturalized
check one: Native (U.S. Born)

10) Date of Birth: _____

11) Name of High School Attended: _____

Address: _____

Dates of Attendance: _____

EDUCATIONAL INTENT

1) Illinois Community College you wish to attend: _____
(name)

(street number) (city or town) (zip code)

2) Program in which you intend to enroll: _____
(program name as printed in school catalog)

3) Intend to pursue a: Degree 1-yr Certificate
 2-yr Certificate Other

4) I intend to enroll:

<p>Use This Space If College Is On <u>Semesters</u></p> <p>1st Semester, beginning: _____ (date)</p> <p>2nd Semester, beginning: _____</p> <p>Summer Semester, beginning: _____</p>	<p>Use This Space If College Is On <u>Quarters</u></p> <p>Fall Quarter, beginning: _____ (date)</p> <p>Winter Quarter, beginning: _____</p> <p>Spring Quarter, beginning: _____</p> <p>Summer Quarter, beginning: _____</p>
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5) Have you previously applied for partial tuition support from Illinois Central College? _____ If so, when? _____

6) Listed below are the courses in which I intend to enroll:

FIRST YEAR

1ST SEMESTER	2ND SEMESTER	SUMMER SEMESTER

SECOND YEAR

1ST SEMESTER	2ND SEMESTER	SUMMER SEMESTER

I understand that it is my responsibility to provide Illinois Central College with a current catalog of the college in which I plan to enroll. The catalog, together with this application, must be filed with the Director of Admissions & Records, Illinois Central College, East Peoria, Illinois, 61635, at least **30 days prior to the beginning of the semester or quarter** in which I plan to enroll.

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

Applicant's Signature

Date