

Kankakee Community College Credit Division Registration Form

OFFICE OF ADMISSIONS AND REGISTRATION
100 College Drive • Kankakee, IL 60901-6505 • 815-802-8520 • FAX: 815-802-8101

Today's date ___/___/___ Registration for which term: Fall 20___ Spring 20___ Summer 20___

PLEASE PRINT.

Name: _____

LAST
FIRST
MIDDLE (FULL)

Previous last name: _____

LAST
FIRST
MIDDLE (FULL)

Colleague I.D. no.: _____ Social Security no.: _____

Street address: _____ Apt. no.: _____ PO Box: _____

City: _____ State: _____ ZIP code: _____ County: _____

Home phone: (____) _____ - _____ Work/alternate phone: (____) _____ - _____ Birth date: ___/___/___

E-mail address (optional): _____

Please check one:

- ID - District 520 resident
 OD - Out-of-district Illinois resident
 OS - Out-of-state resident
 F/FR - Non-US resident
 DE - KCC Dependent
 EM - KCC Full-time employee
 SC - Senior citizen (60 or older)

Current academic program/curriculum _____ Code _____

Last semester/term at KCC Fall _____ Spring _____ Summer _____ Never attended

year
year
year

Course request Students are responsible for providing correct course and section numbers on the schedule below. Please check for accuracy.

Course prefix	Course no.	Section no.	Course title	Days	Times/Location	Sem. hrs.	Auth. signature/prereq. met	Instructor Overload
-	-	-						
-	-	-						
-	-	-						
-	-	-						
-	-	-						
-	-	-						
-	-	-						
-	-	-						

By signing below, I acknowledge that I am registered for the courses listed on this form. I understand it is my responsibility to notify the Admissions and Registration Office in writing of any additional changes to my schedule. I also understand that I am responsible for monitoring all refund and withdrawal dates posted on my registration statement.

Checker's initials E _____ U _____

Student's signature _____ Date _____ Counselor's signature _____

Charge to VISA® MasterCard® Discover® Card no. _____ Exp. date _____ Signature _____

OFFICE USE ONLY
 ___ Assessment ___ Academic warning confirmation ___ Records obligation ___ Financial obligation
 ___ Counselor's initial ___ Counselor's initial ___ Records office initial ___ Business office initial

Colleague ID	Residency	Student type
	<input type="checkbox"/> ID - In-district <input type="checkbox"/> IN - Indiana (Newton, Benton, Lake) <input type="checkbox"/> OD - Out-of-district <input type="checkbox"/> OS - Out-of-state	<input type="checkbox"/> ATF - Athlete full scholarship <input type="checkbox"/> EM - Full-time employee <input type="checkbox"/> OL - Olivet Nazarene Univ. <input type="checkbox"/> ATP - Athlete partial scholarship <input type="checkbox"/> F - Foreign <input type="checkbox"/> PD - Property in-district <input type="checkbox"/> CP - Cooperative agreement <input type="checkbox"/> FR - Foreign resident <input type="checkbox"/> SC - Senior citizen <input type="checkbox"/> DE - Dependent <input type="checkbox"/> HS - HS in-district-not residence <input type="checkbox"/> WD - Working ID—emp pd

Student payment	Deferred amt. due	Term charges	Def. fee	Total	Receipt no.	Cashier's initials	Date
<input type="checkbox"/> Cash <input type="checkbox"/> MOD/Cashier <input type="checkbox"/> Check <input type="checkbox"/> Charge card		Code		Amount	Code		Amount

PLEASE COMPLETE BOTH SIDES

PLEASE COMPLETE BOTH SIDES

Educational goal

- Complete a certificate
- Complete an associate degree
- Not pursuing a certificate or degree

On track for goal

Are you on track to meet your educational goals? Yes No

Educational timeline

What is your anticipated timeline for completion?

- Less than 1 year
- 1-2 years
- 3-4 years
- 5 or more years

Total time in college

In total, how long will you spend pursuing your educational goals at KCC?

- Less than 1 year
- 1-2 years
- 3-4 years
- 5 or more years

Educational intent

- Prepare for transfer to a four-year college or university
- Improve skills in present job
- Prepare for GED or improve basic academic skills (includes English as a Second Language)
- Prepare for a job *immediately* after attending the community college
- Satisfy personal interest/self development—not career oriented
- Unknown/other

Highest degree previously earned

- | | |
|---|--|
| <input type="checkbox"/> GED – High school equivalency | <input type="checkbox"/> Doctoral degree – Ph.D., Ed.D, D.A., etc. |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Other |
| <input type="checkbox"/> Certificate of completion | <input type="checkbox"/> Some college – Persons who successfully passed at least one college-level course but did not graduate |
| <input type="checkbox"/> Associate degree | <input type="checkbox"/> None – Includes high school students who have not yet graduated/received high school diplomas |
| <input type="checkbox"/> Bachelor’s degree | |
| <input type="checkbox"/> Master’s degree | |
| <input type="checkbox"/> First professional degree – Dental, law, medical, pharmacy, theology, veterinary, etc. | |

Employment status

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Part-time over 15 hrs. per week | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Part-time 15 hrs. or less per week | <input type="checkbox"/> Other |

Do you speak English fluently?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Do you have a disability?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Are you economically disadvantaged?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Are you academically disadvantaged?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Are you a single parent?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Are you a displaced homemaker?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Are you a veteran of active duty military service?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Are you concurrently enrolled at another college?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

In case of emergency please contact: _____

Phone () _____