

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

I certify the above information has been verified as correct, and I will notify the Office of Admissions and Registration of any changes. Checker's initials
E _____ U _____

Expected term and year of completion of certificate/degree: Term Fall Spring Summer Year _____

I have worked with my counselor/adviser in determining a course schedule which will allow me to graduate by this date.

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"/> ATP - Athlete partial scholarship <input type="checkbox"/> CP - Cooperative agreement <input type="checkbox"/> DE - Dependent	<input type="checkbox"/> EM - Full-time employee <input type="checkbox"/> F - Foreign <input type="checkbox"/> FR - Foreign resident <input type="checkbox"/> HS - HS in-district-not residence

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

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REQUIRED DATA INFORMATION

KCC is required to submit federal and state reports regarding information on this page. Please answer all questions; no individuals will be identified.

Are you Hispanic or Latino? (or, are you of Spanish origin?)

- Yes, Hispanic or Latino Not Hispanic or Latino

Are you from *one or more* of the following racial groups? (Select all that apply.)

- American Indian or Alaskan Native Native Hawaiian or other Pacific Islander
 Asian White
 Black or African-American Choose not to respond

Please identify your primary racial/ethnic group? (Select one.)

- American Indian or Alaskan Native Native Hawaiian or other Pacific Islander
 Asian White
 Black or African-American Choose not to respond
 Hispanic or Latino

U.S. citizenship status (Choose only one.)

- U.S. citizen
 Not U.S. citizen, but permanent resident – provide home country of origin _____
 Not U.S. citizen, but in U.S. on a visa – provide home country of origin _____
 Not U.S. citizen, not in U.S. on a visa – provide home country of origin _____

Educational goal

- Complete one or several courses – not pursuing a certificate or degree Complete a certificate
 Complete an associate degree

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

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

Employment status

- Full-time Homemaker
 Part-time over 15 hrs. per week Unemployed
 Part-time 15 hrs. or less per week Other

Do you speak English fluently? ___ Yes ___ No

Do you have a disability? ___ Yes ___ No

Are you economically disadvantaged? ___ Yes ___ No

Are you academically disadvantaged? ___ Yes ___ No

Are you a single parent? ___ Yes ___ No

Are you a displaced homemaker? ___ Yes ___ No

Are you a veteran of active duty military service? ___ Yes ___ No

Are you concurrently enrolled at another college? ___ Yes ___ No

PLEASE COMPLETE BOTH SIDES

In case of emergency please contact: _____

Phone () _____