

# Kankakee Community College

## Request for Chargeback or Cooperative Agreement

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

THIS IS A:  COOPERATIVE AGREEMENT REQUEST  CHARGEBACK REQUEST

**COOPERATIVE AGREEMENT** – Kankakee Community College (KCC) enters into cooperative agreements with other Illinois community colleges to broaden the availability of educational opportunities to its residents. The cooperative agreement allows District 520 residents equal opportunity to gain admissions and receive services normally extended to resident students of the other, receiving institution for occupational programs. In particular, no additional out-of-district tuition is charged. The benefits apply only to programs approved by KCC and the specific required courses therein.

To receive the benefits of the agreement, an applicant must currently be a resident of the KCC district, complete this request and obtain necessary signatures. Approvals must be requested for each school year.

**CHARGEBACK** – This form constitutes a formal request for Illinois Community College District 520 to provide out-of-district tuition support for attendance in an occupational program at another recognized public community college in Illinois. A student should apply for a cooperative agreement if the degree or certificate program is offered through one of our cooperative agreements which KCC has with other community colleges. An exception can be made if the selective program at the cooperative college is completely full. To be considered, the following five qualifications must be met:

1. Personal residence must be within the boundaries of District 520.
2. The degree or certificate program desired must be different in name and purpose from any offered by KCC. Also, a student must be enrolled in a degree or certificate program. Individual courses will not be approved.
3. Requests for out-of-district tuition support must be received at least 30 days prior to the date of anticipated enrollment at the institution to be attended. Approvals can be given for no more than "one school year" at a time (fall through summer).
4. KCC will only provide out-of-district tuition support for all major courses within the identified program and any required orientation courses. General education courses and remedial courses must be completed at KCC or the student assumes responsibility for out-of-district tuition. An exception may be made for classes listed as a prerequisite with concurrent enrollment. Student assumes responsibility for repeated coursework.
5. All pertinent items on this application must be completed in full for approval.

**PLEASE PRINT OR TYPE. Complete all items. If not applicable, enter N/A. Do not leave any item blank. Incomplete applications may be returned. (A photocopy of your drivers license or voter's registration card must be attached to this application form.)**

Name: \_\_\_\_\_ Social Security no.: \_\_\_\_\_  
(Last) (First) (Middle initial)

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Home/Business Month/Day/Year

If you have lived at the residence listed above less than one year, please give previous address:

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

I had previous approval for partial tuition support from KCC:  No  Yes \_\_\_\_\_  
Month/Year

in \_\_\_\_\_ to attend \_\_\_\_\_  
Program College

Present residence is in \_\_\_\_\_ high school district.

I (am/am not) a registered voter. If so, where? County: \_\_\_\_\_

Last high school attended: \_\_\_\_\_  
Name City State

I expect to enroll during the \_\_\_\_\_ - \_\_\_\_\_ school year  
Year Year

in \_\_\_\_\_ from \_\_\_\_\_  
Name of degree or certificate program Name of college granting credit (not location)

certificate program  degree program

**For a college on "semesters"**  
First semester begins \_\_\_\_\_ Date  
Second semester begins \_\_\_\_\_  
Summer semester begins \_\_\_\_\_

**For a college on "quarters"**  
Fall quarter begins \_\_\_\_\_ Date  
Winter quarter begins \_\_\_\_\_  
Spring quarter begins \_\_\_\_\_  
Summer quarter begins \_\_\_\_\_

In signing the document, I understand that I am certifying that all information contained herein is true and correct to the best of my knowledge and belief. (Attach a copy of your drivers license or voter's registration card verifying residence within KCC's district.)

Student signature: \_\_\_\_\_

Address Verified By \_\_\_\_\_ Date Received \_\_\_\_\_  
Initial \_\_\_\_\_

FOR OFFICE USE ONLY

Program Name Verified  Recommended for Chargeback  Approved for Cooperative Agreement  
 Not Recommended for Chargeback  Disapproved for Cooperative Agreement

Date: \_\_\_\_\_ Chargeback Board Action:  Approved  Disapproved  
Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_