

RETURN TO: Admissions and Registration
Kankakee Community College
100 College Drive
Kankakee, IL 60901

Request for Approval to Attend a Recognized Public Community College in Illinois

THIS IS A: COOPERATIVE AGREEMENT REQUEST CHARGEBACK REQUEST

COOPERATIVE AGREEMENT

Kankakee Community College 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. 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 partial tuition support for attendance at another recognized public community college in Illinois. To be considered for support, the applicant must meet the following qualifications:

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 Kankakee Community College, or any offered under cooperative educational agreements which KCC has with other community colleges. A student must be enrolled in a degree or certificate program. Individual courses will not be approved.
3. Requests for partial 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. 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

Use this space if college is on "semesters."

Use this space if college is on "quarters."

First semester begins _____
Second semester begins _____
Summer semester begins _____
Date

Fall quarter begins _____
Winter quarter begins _____
Spring quarter begins _____
Summer quarter begins _____
Date

CERTIFICATION: (If not sure, read through the definitions of each and consult the KCC college catalog.)
Student signature required.

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: _____