## Kankakee Community College Temporary Transfer Form

## ADMISSIONS OFFICE

100 College Drive • Kankakee, IL 60901-6505 • 815-802-8500

Today's date//_				
	rify that students who attend a fer to KCC. The assumption is dits to that institution.			
Once completed and signed	, upload the completed docum	ent as part of the Sum	mer Visiting Student Reເ	gistration Form and Submit.
STUDENT INFORMATION				
Name:	AST	EIDET		MIDDLE (EULL)
Date of birth://	401	rinoi		MIDDLE (FOLL)
Street address:				
City:			State: ZIF	code:
Home phone: ( )				
Primary college/university of atte	endance:			
Street address:				
City:			State: ZII	P code:
	EGE/UNIVERSITY VERIFICAT			
Note: Full-time summer enro	ollment at KCC is 6 credit hour	rs; part-time is 3 credit	hours.	
KCC course number(s)				
( )	ex.: MATH 1774			
University equivalent(s)	ex.: STATS 101			
Is the student named above	prepared to take the course(s	) listed on this form? $\Box$	Yes 🗆 No	
Term/year of enrollment at k	CC: Summer Fall :	Spring Year		
	ne above-named college/unive this course to the above-name			
			Phone: (	) -
Verified by	Title			
Signature	Date			