

CAREER AGREEMENT REQUEST

Instructions:

1. Kishwaukee College has CAREER (Comprehensive Agreement Regarding the Expansion of Educational Resources) Agreements with various colleges. These agreements allow Kishwaukee College district residents to attend other colleges for programs not offered by Kishwaukee College and pay the sponsoring college's in-district tuition rate.
3. At least thirty days prior to the start of the academic term for which you request enrollment, complete this form and either email, fax, or mail it to the Student Services Office, Kishwaukee College, 21193 Malta Road, Malta, IL 60150.
4. If approved, an authorization form will be mailed to you to present to the community college you will attend. Approval is valid for one academic year beginning with the summer session. You must submit a new request for enrollment in an additional academic year.
5. Approval is no longer valid if you change your program, your college or enroll in courses not applicable to your program.
6. For a list of community colleges participating in the CAREER agreement, please refer to the CAREER Agreements section of the catalog.

Please print:

Name _____ Birthdate _____ SSN # XXX-XX-_____

Residence _____
Street Address _____ City _____ Zip Code _____

Telephone (_____) _____ Email _____

College You Will Attend _____

A.A.S. Degree in _____ (Use catalog title)

Certificate of Completion in _____ (Use catalog title)

Semester You Will Attend: Summer 20 _____ Fall 20 _____ Spring 20 _____

1st time request _____ Renewal _____

I hereby certify that the above information is correct.

Signature _____ Date _____

Chargeback _____ Cooperative Agreement _____

Approved _____ Not Approved _____ Date _____