

Kankakee Community College Dual Credit 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

Street address: _____ Apt. no.: _____ PO Box: _____

City: _____ State: _____ ZIP code: _____ County: _____

Home phone: (____) _____ - _____ Work/alternate phone: (____) _____ - _____ Birth date: ____/____/____

E-mail address: _____

High school: _____

Assessment scores being used to determine course placement (check all that apply):

Accuplacer ACT ALEKS PARCC SAT Other _____

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 | KCC authorized signature |
|---------------|------------|-------------|--------------|--------------------------|
| - | - | - | | |
| - | - | - | | |
| - | - | - | | |
| - | - | - | | |
| - | - | - | | |

By signing below, I acknowledge that I am registered for the courses listed on this form. I understand it is my responsibility to notify the Admissions and Registration Office in writing of any additional changes to my schedule. I also understand that I am responsible for monitoring all refund and withdrawal dates posted on my registration statement.

| |
|-----------------------------------|
| Checker's initials E____ U____ |
|-----------------------------------|

 Student's signature Date

 KCC advisor signature Date

| | |
|--------------|---|
| Colleague ID | Residency – <input type="checkbox"/> ID - In-district <input type="checkbox"/> OD - Out-of-district Student Type – <input type="checkbox"/> HS - In-district-not residence |
|--------------|---|

PLEASE COMPLETE BOTH SIDES

To our knowledge, the information contained in this application is true. We hereby grant Kankakee Community College permission to obtain a copy of the named student's high school records. We grant permission for Kankakee Community College to release a copy of the named student's transcript, assessment scores and course progress to the high school. We acknowledge that we are responsible for any/all financial obligations related to the course(s). We understand that the student must abide by all college regulations, requirements and procedures.

I understand that withholding information or giving false information on this application may make me ineligible for admission to Kankakee Community College or subject to dismissal. I certify that the information I have provided on this application is correct and complete.

Student signature

Date

Parent or guardian signature

Date

The student identified here is academically prepared, and has the motivation to meet the demands of the rigor of college coursework. This student is recommended for enrollment in college credit classes at Kankakee Community College while concurrently enrolled in the school identified below.

Submit to guidance counselor for a signature and submit to KCC.

Signature of high school counselor

Educational goal

- Complete a certificate
- Complete an associate degree
- Not pursuing a certificate or degree

On track for goal

Are you on track to meet your educational goals?

- Yes
- No

Educational timeline

What is your anticipated timeline for completion?

- Less than 1 year
- 1-2 years
- 3-4 years
- 5 or more years

Total time in college

In total, how long will you spend pursuing your educational goals at KCC?

- Less than 1 year
- 1-2 years
- 3-4 years
- 5 or more years

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

Employment status

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