

**APPLICATION TO ATTEND A RECOGNIZED
PUBLIC COMMUNITY COLLEGE
BY CAREER AGREEMENT**



Please Choose One:

New Request Continued Request

Today's Date ____/____/____

Telephone Number () _____

E-mail _____

Birthdate ____/____/____

TO BE COMPLETED BY SVCC COLLEGE OFFICIAL:

____ Approved for CAREER Agreement Authorization

_____ Term(s)

Dean of Student Services

Date

(815)835-6305

Please Print

I, _____, do hereby certify that I reside at _____,

(First and Last Name)

(Number and Street)

_____, Illinois, which is within Sauk Valley Community College, District No. 506.

(City, State, Zip)

I hereby, make application to attend a recognized Illinois Public Community College during the 20 ____ - 20 ____
academic year and/or the 20 ____ summer session.

I certify that I intend to enroll at _____
(Name of College)

in the _____ AAS degree certificate
(Name of Program) (Check One)

program because this curriculum is not offered at Sauk Valley Community College, District 506.

I further certify that the information contained in this application is true and correct.

Signed: _____

THIS AGREEMENT ONLY COVERS COURSES REQUIRED FOR THE ABOVE CAREER (CTE) PROGRAM.

**THIS AGREEMENT IS VOID IF PROGRAM/COLLEGE CHANGES, OR STUDENT ENROLLS IN COURSES NOT APPLICABLE TO
THE APPROVED PROGRAM.**

INSTRUCTIONAL AND PROCEDURAL STEPS:

1. Send the completed form to: Dean of Student Services
Sauk Valley Community College
173 IL Route 2, Dixon IL 61021

Fax this form to: Fax: 815/380-6982

Scan and e-mail this form as an attachment to: Email: janet.l.matheney@svcc.edu

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE DEAN'S OFFICE PRIOR TO THE BEGINNING OF CLASSES
FOR WHICH YOU REQUEST APPROVAL (30 days recommended).**

2. The approved form will be faxed, mailed, or emailed to the recognized Illinois Public Junior/Community College the applicant is applying to attend.

3. Student will receive a copy of the completed form.