



SECTION 1: ID or SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ FY 20 SEMESTER YEAR: _____

COMPLETE LEGAL NAME (PLEASE PRINT): _____
 LAST FIRST MIDDLE PREVIOUS LAST NAME(S)

CURRENT ADDRESS: _____
 NUMBER AND STREET CITY STATE ZIP COUNTY

PRIMARY PHONE: () _____ CELL HOME EMAIL ADDRESS: _____ MOTHER'S MAIDEN NAME: _____

SEX: MALE FEMALE ARE YOU A CITIZEN OF THE UNITED STATES? YES NO IF NOT, WHAT COUNTRY? _____

IF YOU ARE NOT A US CITIZEN, DO YOU HOLD A PERMANENT RESIDENT CARD? YES* NO *IF YES, YOU MUST PROVIDE THE CARD TO STUDENT SERVICES

VETERAN STATUS (Check One): NOT A VETERAN NOT A VETERAN BUT IS ACTIVE DUTY VETERAN OF ACTIVE DUTY MILITARY SERVICE

SECTION 2: HIGHEST DEGREE EARNED: _____ PREVIOUS COLLEGES*: _____ STATE _____

A - ASSOCIATE DEGREE B - BACHELOR'S DEGREE C - CERTIFICATE D - DOCTORAL DEGREE
 G - GED Date Completed _____ H - HIGH SCHOOL DIPLOMA M - MASTER'S DEGREE N - NONE
 O - OTHER P - FIRST PROFESSIONAL DEGREE

HIGH SCHOOL*, CITY & STATE: _____ GRADUATION YEAR _____ HOME COLLEGE ISTRICT: _____

IF YOU ARE A CURRENT HIGH SCHOOL STUDENT, PROVIDE ANTICIPATED HS GRADUATION YEAR: _____
 *OFFICIAL TRANSCRIPTS MUST BE SENT TO THE ADMISSIONS OFFICE OF YOUR IECC COLLEGE.

RESIDENCE STATUS: IN-DISTRICT (1) OUT-OF-DISTRICT (3)
 OUT-OF-STATE (5) FOREIGN (7)

RACIAL GROUPS—CHECK ALL THAT APPLY:

PRIMARY RACIAL/ETHNIC GROUP IDENTIFICATION—CHECK ONE:

- ASIAN
- AMERICAN INDIAN/ALASKAN NATIVE
- BLACK/AFRICAN AMERICAN
- WHITE
- NON-RESIDENT ALIEN
- NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

- ASIAN (1)
- AMERICAN INDIAN/ALASKAN NATIVE (2)
- BLACK/AFRICAN AMERICAN (3)
- HISPANIC OR LATINO (4)
- WHITE (5)
- NON-RESIDENT ALIEN (6)
- NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER (8)
- REFUSE TO INDICATE/UNKNOWN

ARE YOU HISPANIC OR LATINO (OR OF SPANISH ORIGIN)?
 YES NO

HAVE EITHER OF YOUR PARENTS EARNED A 4-YEAR COLLEGE DEGREE?
 YES NO UNSURE

SECTION 3: PROGRAM CODE/MAJOR: CE-CET13/0310

CRN	COURSE	NUMBER	SECTION	1-GRADE 2-P/F	CREDIT	REPEAT Y/N

SECTION 3: Fee paying agency _____ Telephone No. _____

Co. Address: _____

I work for the following company in Illinois: _____

By completing this form, you are registering for classes. Tuition and fees will be assessed.
 *I acknowledge I am responsible for charges I incur. Unpaid balances will be considered delinquent after midterm and will be sent to a collection agency with or without notice. The unpaid balance plus collection fees will be subject to litigation and fees. Collection costs range between 25% and 33% of amount owed.
 *I acknowledge I will be dropped for non-payment the third week after midterm (or earlier at the colleges' discretion) if I have not paid charges in full by midterm.
CERTIFICATION: I certify the address above is the location at which I permanently reside. I understand IECC is NOT RESPONSIBLE for providing accident, health, or medical insurance for medical services and that I am solely responsible for any and all medical bills incurred as a result of injury or loss during my participation in IECC classes. I certify the above statements are correct and complete. I understand that giving false information may result in dismissal from IECC.

STUDENT SIGNATURE _____ DATE _____

ADVISOR/INSTRUCTOR SIGNATURE _____ DATE _____

I live out-of-district/out-of-state but work full time within ILLINOIS



Illinois Eastern Community Colleges does not discriminate on the basis of race, color, sex, sexual orientation, age, marital status, religious affiliation, veteran status, national origin, disability, genetic information, or any other protected category.

SECTION 5:

WHICH IECC COLLEGE DO YOU PLAN TO ATTEND FCC LTC OCC WVC

DO YOU PLAN TO GRADUATE FROM THIS COMMUNITY COLLEGE? YES (3) NO (4) UNSURE (5)

I PLAN TO ATTEND: FULL-TIME (12 OR MORE HOURS) PART-TIME (LESS THAN 12 SEMESTER HOURS)

REASON FOR ENROLLMENT—CHECK ONE:

- 1. PREPARE FOR TRANSFER
PLEASE LIST THE COLLEGE(S) YOU ARE CONSIDERING FOR TRANSFER:

- 2. IMPROVE SKILLS FOR A JOB
- 3. PREPARE FOR A FUTURE JOB
- 4. PREPARE FOR GED
- 5. PERSONAL INTEREST
- 6. UNKNOWN/EXPLORE COURSES/CAREER/OTHER

SECTION 6:

OPTIONAL: THIS INFORMATION IS USED TO CONNECT YOU WITH SERVICES AND PROGRAMS ON CAMPUS. BY CHECKING THE BOXES BELOW, YOUR ADVISOR WILL BE ABLE TO SHARE WITH YOU OPPORTUNITIES WE HAVE ON CAMPUS THAT ARE AVAILABLE TO HELP YOU ACHIEVE YOUR COLLEGE GOALS. OPTING OUT OF THIS INFORMATION WILL NOT BAR ENROLLMENT.

HOUSEHOLD: (CHECK ONE)

- SINGLE (S)
- MARRIED (M)
- DIVORCED (D)
- SEPARATED (P)
- WIDOW/WIDOWER (W)

WORK-LIFE (E1): (CHECK ONE)

- I AM A HOMEMAKER/RETIRED/OTHER. (0)
- I WORK MORE THAN 30 HOURS PER WEEK. (1)
- I WORK 20-30 HOURS PER WEEK. (2)
- I WORK LESS THAN 20 HOURS PER WEEK. (3)
- I DO NOT PLAN TO WORK WHILE IN COLLEGE. (4)
- I AM CURRENTLY UNEMPLOYED. (5)

WORK SHIFT(S) IF WORKING (E2):

- I WORK: DAY SHIFT (1) 2ND SHIFT (2) 3RD SHIFT(3) WEEKENDS (4) MULTIPLE SHIFTS (5)

RESOURCES/SUPPORT: WHAT MIGHT HELP YOU PURSUE COLLEGE MORE EASILY?

- CHILD CARE WHILE IN SCHOOL (E3 - CC)
- SINGLE PARENT PROGRAM RESOURCES (E3 - SP)
- TRANSPORTATION TO SCHOOL (E4 - RIDE)
- WORK STUDY OR JOB PLACEMENT SERVICES WHILE IN SCHOOL (E5 - WS)
- JOB SHADOWING OPPORTUNITIES IN MY AREA(S) OF INTEREST (E5 - JS)
- PERSONAL DEVELOPMENT SERVICES AND OPPORTUNITIES ON CAMPUS (E6 - PD)
- INFORMATION REGARDING DISABILITY SERVICES (E6 - LSCD)
- LEARNING SKILLS CENTER SUPPORT SERVICES/TUTORING (E6 - LSC1)
- FINANCIAL AID/SCHOLARSHIPS/FINANCIAL SUPPORT (E7 - FA)
- NO NEED FOR EXTRA ASSISTANCE/RESOURCES AT THIS TIME.
- OTHER (PLEASE PROVIDE INFORMATION ABOUT SUPPORTS YOU HAVE USED SUCCESSFULLY IN THE PAST): _____



Illinois Eastern Community Colleges does not discriminate on the basis of race, color, sex, sexual orientation, age, marital status, religious affiliation, veteran status, national origin, disability, genetic information, or any other protected category.