

KISHWAUKEE COLLEGE CONTINUING EDUCATION REGISTRATION FORM

This form must be completed and received, along with full payment, prior to the beginning of class. The Kishwaukee College Installment Payment Plan option does not apply to Continuing Education classes.

Summer Fall Spring Year _____

LAST NAME	FIRST	MIDDLE	FORMER NAME (IF APPLICABLE)
ADDRESS	APT	CITY	STATE ZIP
()	()		
DAY PHONE		EVENING PHONE	
SOCIAL SECURITY NUMBER*		BIRTHDATE (MONTH/DAY/YEAR)	
EMAIL ADDRESS			

*Social Security Numbers are kept confidential and not released to any individual or organization except as required by federal and state laws. Students who do not have a Social Security Number will be assigned a Kishwaukee College identification number.

<p>Note: The following information is requested only to determine compliance with federal civil rights laws, and your response will not affect consideration of your application. By providing this information, you will help assure that this program is administered in a nondiscriminatory manner.</p> <p>1. Are you Hispanic or Latino? (OR Are you of Spanish origin?) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. Are you from one or more of the following racial groups? Select all that apply.</p> <p><input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK or AFRICAN AMERICAN <input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> Choose Not To Respond</p> <p>3. Please identify primary racial/ethnic group. Select one.</p> <p><input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK or AFRICAN AMERICAN <input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> Choose Not To Respond</p> <p>4. Please identify if you are a non-resident alien. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Country of origin: _____</p>	<p>5. GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE</p> <p>6. VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7. U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>8. PRIMARY REASON FOR ATTENDING KISHWAUKEE COLLEGE (Check One)</p> <p><input type="checkbox"/> Coursework for transfer to 4-yr school <input type="checkbox"/> Improve skills in present job <input type="checkbox"/> Prepare for future job or transfer to 2-yr school immediately after attending Kishwaukee College <input type="checkbox"/> Prepare for G.E.D. or improve basic academic skills <input type="checkbox"/> Personal interest/self-development, not career oriented <input type="checkbox"/> Unknown</p> <p>9. HIGHEST EDUCATION LEVEL COMPLETED (Check One)</p> <p><input type="checkbox"/> Less than G.E.D. or some high school <input type="checkbox"/> G.E.D. <input type="checkbox"/> High school diploma <input type="checkbox"/> Some college/university course work <input type="checkbox"/> Certificate <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate <input type="checkbox"/> 1st professional degree (e.g. law, medical, dental, etc.) <input type="checkbox"/> Other</p> <p>10. Have either of your parent(s) completed a bachelor's degree or higher level of education? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN</p>
---	--

Course Code	Course Title	Course Cost
(Example) TRI-700-9001	Trip	0

NOTICE: Directory information (name, address, telephone, honors received, etc.) will be released to individuals upon their request unless you complete and sign a Directory Information Refusal statement available in the Admissions, Registration & Records Office. If you have any questions, contact the office at 815-825-2086, ext. 2740.

To the best of my knowledge, I certify that all information on this registration form is complete and accurate, and I certify that my current address above is my legal address and that I physically reside there.

Student Signature _____ Date _____

All payments with a credit/debit card will be charged a 2.5% service fee.	
PAYMENT OPTION (Check One): <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> DISCOVER <input type="checkbox"/> Check/money order enclosed \$ _____ Payment Amount	
Name of cardholder (Please Print): _____	
Cardholder's Complete Address: _____	
Card #: _____	Three digit security code (found on signature line): _____
Expiration Date: Month _____ Year _____	Signature: _____