KISHWAUKEE COLLEGE CONTINUING EDUCATION REGISTRATION FORM



KISHWAUKEE COLLEGE

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 NAM	E (IF APPLICABLE)
ADDRESS		APT	CITY	STATE	ZIP
ADDILESS		Ar I	CITT	SIMIL	ZII
() DAY PHONE			() EVENING PHONE		
SOCIAL SECURITY NUM	MBER*	BIRTHDATE* (MONT	H/DAY/YEAR)	EM	AIL ADDRESS
	rs and Birthdates are kept confident ave a Social Security Number will be			t as required by federal	and state laws.
federal civil rights your application. this program is ac 1. Are you Hispanic or L 2. Are you from one or I AMERICAN INDIAN o BLACK or AFRICAN A NATIVE HAWAIIAN or WHITE 3. Please identify prima AMERICAN INDIAN o BLACK or AFRICAN A NATIVE HAWAIIAN or WHITE WHITE 4. SEX: FEMALE	MERICAN OTHER PACIFIC ISLANDER I Choose No Iry racial/ethnic group. Select one. Ir ALASKA NATIVE ASIAN MERICAN HISPANIC OF OTHER PACIFIC ISLANDER Choose No MALE tional): FEMALE MALE AI TRANS* QUESTIONII IAL PRONOUNS (Optional): HE	fect consideration of will help assure that manner. 17)	CITIZEN STUDEN STATUS: RESIDEN (Green Carl COUNTRY OF CITIZEN 9. PRIMARY REASON Coursework for trar Prepare for future j Kishwaukee Colleg Prepare for G.E.D. oc Personal interest/so 10. HIGHEST EDUCAT Less than G.E.D. or Some college/univ Associate degree Master's degree 1st professional de 11. Have either of you	IT VISA F1 J1 M1 NT ALIEN-PERMANENT d) SHIP: FOR ATTENDING KISH asfer to 4-yr school ob or transfer to 2-yr se e or improve basic acade elf-development, not co FION LEVEL COMPLET some high school ersity course work gree (e.g. law, medical, ur parent(s) completed	IWAUKEE COLLEGE Select one. Improve skills in present job chool immediately after attending mic skills career oriented Unknown ID Select one. I G.E.D. High school diploma I Certificate I Bachelor's degree I Doctorate
Course Code	Course Tit	le			Course Cost
	on (name, address, telephone, honors received		on their request unless you complet	e and sign a Directory Informa	O ation Refusal statement available in the Student
To the best of my knowleds	y questions, contact the office at 815-825-937 ge, I certify that all information on this re				gal address and that I physically reside there.
Student Signature	-	vith payment to: Kishwaukee	3	21193 Malta Road • Ma	
PAYMENT OPTION** (C	ional registration forms may be don Theck One): UVISA UMasterC	ard 🗖 DISCOVER 📮 Chec	k/money order enclosed (F		rged a 2.5% service fee. rge) \$ Payment Amount
·	e Address:			(found on signature li	ne):
	Month: Year:				·