

JOINT AGREEMENT REQUEST

1. A copy of a valid IL Drivers License or State ID reflecting current address must accompany this request (requests without required copy will not be processed). Social security cards/credit cards are **not** acceptable identification.
2. At least 30 days prior to the start of the academic term for which you request enrollment, complete this form and email to: mnegron@elgin.edu or agraff@elgin.edu; fax to 847-214-7226 or mail to the Dean of Students Office-B105, Elgin Community College, 1700 Spartan Drive, Elgin, IL 60123. **Please allow (2) weeks for processing.**

Email address: _____ Social Security last 4 digits: _____

Name: (Last, First, Middle): _____

Address: _____

City, State, Zip: _____ Phone Num: _____

College I want to attend is: _____

Name of Program: _____

*Please provide **exact** title from the college catalog*

Type of Program: Associate in Applied Science (AAS) Degree Certificate
Approval cannot be given for AA, AS, AES Degrees

Check One: 1st Time Request Renewal

Check One: Mail authorization to me Hold authorization for pick up

Semester I will attend: Summer ____ Fall ____ Spring ____

I understand that this program is not being offered at Elgin Community College. I further understand that Joint Agreement Authorization from Community College District 509 will be granted only for those programs (not individual courses, pre requisites or under 100 level courses) which are not offered by Elgin Community College. Should I fail to enroll in the above mentioned program, I shall assume all responsibility for tuition and fee expense incurred in my enrollment at the other institution. I hereby understand that the above school will permit me to study in the program that I have requested at their in-district tuition provided that I stay within the guidelines of the program. **Deviation from the program will result in my paying out-of-district tuition rates.** My signature indicates that I understand this agreement is for the program specified above and **not for individual courses, pre requisites or under 100 level courses.** I also understand that that I am not officially accepted into a program (*special admission requirements*, ex Health Profession programs) until I receive official notification from the other institution (**letter of acceptance is required**). I further certify that the information contained in the notification is true and correct.

Signature: _____ Date: _____

(Handwritten signature required)

For Office Use Only:			Term: Summer 20 ____	Fall 20 ____	Spring 20 ____
Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not-reason _____		Date: _____
Residency Verified <input type="checkbox"/>			Initials _____		