

**1. Due to Federal Regulations, this form must be filled out in black ink.

2. Due to Illinois Community College Board (ICCB) regulations, all credit and non-credit students must complete an application.

3. Under the Federal Education Rights and Privacy Act (FERPA) all applications and transcripts issued to South Suburban College become the property of the College.

[] New Address

Social Security #: _____ - _____ - _____

Last First Mi Date of Birth (M/D/YY)

Street Apt. No. Home Phone Alternate Phone

City State Zip E-mail Sex: [] Male [] Female

Are you a U.S. Citizen? [] Yes [] No If yes, are you naturalized? [] Yes [] No

If you are not a U.S. citizen, please indicate one of the following:

- [] Permanent Resident, Alien registration number A _____
[] If not a permanent Resident, what is the VISA status: _____ Expiration Date: _____

All naturalized citizens and non-citizens must submit current valid documentation of status and classification.

1. The purpose of this request is solely for compliance with Federal Civil Rights Law and your response will not affect consideration of your application. By checking the following, you will help us to assure that students are served in a non-discriminatory manner.

4. Name of High School _____

or County of GED _____

City State Date Graduated

5. Last attended college or university:

College or University: _____

City State

6. Parental education background

- Mother: _____ Father: _____
A. Not a High School graduate D. Bachelor's Degree
B. High School Graduate E. Higher
C. Some College / Associate Degree U. Unknown

2. My primary reason for attending South Suburban College at this time is:

- [] To improve skills for my present job.
[] For personal interest/self development, not career oriented.

3. Choose highest education level previously attained:

- [] Doctorial Degree [] Certificate
[] 1st Professional [] Some College
[] Master's Degree [] High School Diploma
[] Bachelor's Degree [] GED
[] Associate Degree [] None

7. Please check all responses that apply

- [] 1. A single parent or single pregnant person.
[] 2. A person who has lost financial support due to death or divorce of spouse and not on public assistance.
[] 3. Does not apply.

Company Name _____

Table with 5 columns: Course Number, Course Title, checkmark, Dates/Times, Course Fee/Tuition

Total Cost _____

Payment method: Check No.: _____ Purchase Order No.: _____ Credit: [] VISA [] MasterCard [] Discover

Credit Card Number: _____ Expiration Date: _____

I accept responsibility for the selection of courses as indicated above.

I certify that the above information is true and correct to the best of my ability.

By signing this form, I authorize South Suburban College to release all grade and attendance information to my employer for courses paid for by the employer.

Signature: _____

Date: _____