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.

Year____

*Social Security Numbers and Birthdat Students who do not have a Social Se	tes are kept c	y individual or organization except as required by f Illege iden 🐧 , ation number.	ederal and state laws.	
Note : The following informa	Choose Not To Respond	If you are not a U.S. Citizen, you mu CITIZEN STUDENT VISA F1 J1 STATUS: RESIDENT ALIEN-PERM (Green Card)		
		COUNTRY OF CITIZENSHIP		
Please identify primary racial/ethnic group. Select one . AMERICAN INDIAN or ALASKA NATIVE		 Prepare for future job or transfer to 2-yr school <u>immediately</u> after attending Kishwaukee College Prepare for G.E.D. or improve basic academic skills 		
		Personal interest/self-developmer 10. HIGHEST EDUCATION LEVEL CO	nt, not career oriented q Unknown MPLETED Select one.	
		q Less than G.E.D. or some high school q Some college/university course w	ool q G.E.D. q High school diploma	
		q Associate degree	q Bachelor's degree	
6 PREFERRED PERSONAL PRONOUN	NS (Optional): HE SHE THEY	q Master's degree	q Doctorate	
7. VETERAN: YES NO 8. U.S. CITIZEN: YES NO				
Course Code	CourseTitle		Course Cost	
(Example) TRI-700-9001	Trip		0	
NOTICE: Directory information (name address	telephone honors received etc.) will be released to individu	als upon their request unless you complete and sign a Directory	Information Refusal statement available in the Student	
Services O ce. If you have any questions, contact	ct the o ce at 815-825-9375.	nd accurate, and I certify that my current address above i		
Student Signature		Date	Date	
PAYMENT OPTION** (Check One):	VISA q MasterCard q DISCOVER q	Check/money order enclosed (Payable to Kishwau	ukee College) \$ Payment Amount	
Name of cardholder (Please Print):				
Cardholder's Complete Address:				
Card #:				

Summer

Fall

Spring