

CHARGEBACK/COOPERATIVE AGREEMENT REQUEST

Instructions:

1. A “Chargeback” is an agreement that Kishwaukee College will pay the out-of-district portion for a student to enroll at another community college in Illinois in an **occupational** program not offered by Kishwaukee College. Chargebacks apply to programs, not individual courses.
2. A “Cooperative Agreement” is an arrangement with our consortium schools that enable a resident of Kishwaukee College District #523 to enroll in a specific **occupational** program not offered at Kishwaukee College at a community college in Illinois at the in-district rate.
3. At least thirty days prior to the start of the academic term for which you request enrollment, complete this form and either email, fax, or mail it to the Admissions, Registration, and Records Office, Kishwaukee College, 21193 Malta Road, Malta, IL 60150, Attention: Jackie King.
4. If approved, an authorization form will be mailed to you to present to the community college you will attend. Approval is valid for one academic year beginning with the summer session. You must submit a new request for enrollment in an additional academic year.
5. Approval is no longer valid if you change your program, your college or enroll in courses not applicable to your program.
6. Additional rules do apply. Refer to the Cooperative/Joint Agreements and Chargebacks section of the catalog.

Please print:

Name _____ Birthdate _____ SSN # XXX-XX- _____

Residence _____
Street Address City Zip Code

Daytime Telephone _____ () _____

College You Will Attend _____

A.A.S. Degree in _____ (Use catalog title)

Certificate of Completion in _____ (Use catalog title)

Semester You Will Attend: Summer 20____ Fall 20____ Spring 20____

1st time request _____ Renewal _____

I hereby certify that the above information is correct.

Signature _____ Date _____

Chargeback _____ Cooperative Agreement _____

Approved _____ Not Approved _____ Date _____