

**Authorization for Participation in the
Cooperative (CAREER) Agreement
While Attending a Recognized
Illinois Public Community College Form**

Please print

Joint Agreement Applicant Information

New Application

Renewing Application

Student ID Number or Social Security Number:

Student Name:

Street Address:

City:

State:

Zip Code:

Telephone Number:

E-mail Address:

Name of Community College attending:

Program of Study:

Academic Year: **20**_____ **Fall** _____ **Spring** _____ **Summer** _____

Educational Goal (*Select one*):

Associate Degree

Certificate

Triton College District #504 - 2000 Fifth Ave - River Grove, IL 60171

(708) 456-0300 ext. 3726

Please read the following information carefully. Failure to comply with the following guidelines will prevent you from obtaining approval:

- ✓ **Application must be filled out completely or it will not be processed.**
- ✓ You must have proof of **CURRENT** residency by means of a valid Illinois Driver's License **or** valid Illinois State ID Card.
- ✓ If you are a **new applicant**, you must submit a copy of the program that you want to pursue (i.e., college catalog or program brochure).
- ✓ Students planning to enroll in a selective admissions program must also provide a copy of the approval letter for admission into the desired program.
- ✓ This application will apply only for the academic year approved. **You MUST renew your joint agreement at least 30 days prior to each Fall semester.**

TO THE STUDENT:

- ✓ As the student, I certify that the information on this form is true and correct. If, at a later date, it is determined that the information is not true or correct, Triton College may withdraw my request for Joint Agreement.
- ✓ I understand that Triton College will allow me to attend the above named community college under the condition that I only take courses within the above named program.
- ✓ I understand that I will be responsible for out-of-district tuition if I deviate from the program's curriculum.
- ✓ I understand that if a program is offered by Triton College, I am not eligible for a Joint Agreement. Schedule conflicts such as time of day, day of the week, etc. do not merit approval of a Joint Agreement. Distance and inconvenience are not grounds for approval of a Joint Agreement.
- ✓ I have read and will follow the guidelines and policies that are given by Triton College.

_____ Date

_____ Student's Signature

Note: This authorization must be presented to the community college named above.

*Remember that if an extension is needed to complete the program, the student is responsible to reapply at least 30 days prior to the start of the semester in which the Joint Agreement is needed.

Records Office Use Only:

Joint Agreement

Approved by: _____

Date: _____

Denied for the following reason(s): _____

The student named above has been approved for a Joint Agreement for the above college and program.