

TERM: \_\_\_\_\_



**CERTIFICATION OF FULL-TIME EMPLOYMENT**  
By a Firm Located within the Boundaries of Black Hawk College  
Illinois Community College District No. 503

*To be valid, this form MUST accompany the Registration Form*

**Statement of Policy**

It is the policy of the Black Hawk College Board of Trustees to assess in-district tuition charges for all classes beginning on or after January 1, 1982, to FULL-TIME employees of companies located within the boundaries of Black Hawk College (Approved October 20, 1981.)

**Certification of Employment Status**

I hereby certify that I am now presently employed full-time at the following firm which is located within the boundaries of Black Hawk College.

\_\_\_\_\_  
FIRM NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
CITY STATE ZIPCODE

I also certify that the person listed below is my immediate supervisor, and that I grant Black Hawk College the authority to contact this person to verify my full-time employment.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
BUSINESS TELEPHONE NUMBER

I also certify that I meet and understand ALL of the following: (Please check box if condition is met.)

- I am presently employed full-time or on a "call back" basis.
- My place of employment is within the boundaries of Black Hawk College District #503.
- I understand that this policy applies only to me because of my full-time employment in the Black Hawk College District, and no other members of my family shall benefit from this policy.
- I understand that such privileges and tuition rates are subject to review each semester and/or when my employment status changes.
- I understand that this certification must be submitted for each term of enrollment.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
STUDENT ID

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HOME TELEPHONE NUMBER

\_\_\_\_\_  
HOME ADDRESS CITY STATE ZIP CODE