APPLICATION TO ATTEND A RECOGNIZED PUBLIC COMMUNITY COLLEGE BY COOPERATIVE AGREEMENT

Please choose one: ☐ **New Request** ☐ **Continued Request**

Today's Date: **First & Last Name:**

Address:

Telephone Number: **E-Mail Address:**

IL Community College you wish to attend:

Program you intend to enroll in:

Black Hawk College approves Cooperative Agreements for up to 3 terms (check all that apply below). You must submit a new application for additional terms. I intend to apply for the following terms:

☐ Summer ☐ Fall ☐ Spring

List course prefix, course number and title of the course(s) you will be taking for each semester checked above:

I hereby certify that, to the best of my knowledge, the above information is true and complete, without evasion or misrepresentation. I understand that if facts are found to be otherwise, such discovery may be sufficient cause for rejection of my request or withdrawal of permission granted.

Signed: **Date:**

INSTRUCTIONS:

1. Mail the completed form to: Vice President for Instruction
   Black Hawk College
   6600 34th Avenue, Moline, IL 61265
   Or fax form to: Attn: Vice President for Instruction
   309-792-8127
   Or e-mail the form to: adamss@bhc.edu

This form MUST be completed and returned to the Vice President for Instruction at least 30 days **PRIOR** to the beginning of any semester, quarter, or term for which you request support.

2. Black Hawk College will send approved agreements to the college you are applying to attend.

To be completed by a BHC Administrator:

○ Approved ○ Denied

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Vice President for Instruction