

Student Records 19351 West Washington Street Grayslake, IL 60030-1198

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Joint Agreement Participation Authorization

This form is reserved for use by students who reside in the College of Lake County's district who are interested in a program not offered by CLC. All Illinois community colleges and Gateway Technical College in Wisconsin participate in Joint Agreements with CLC.

Students are responsible for submitting approved authorization forms to the participating college. Students must have a CLC ID number in order to participate in a Joint Agreement.

| IL driver's license or IL identification card with curr | ent address must be subn | nitted with this form. |
|--|----------------------------|------------------------|
| Name: | | CLC Student ID#: |
| Student Email: | @stu.clcillinois.edu | Phone: |
| Address: | | |
| City: | State: | Postal: |
| Home Email: | | |
| College Information | | |
| College I want to attend: | | |
| Name of Program (exact title from college catalog): | | |
| Type of Program: Associate in Applied Science (A.A. | .S.) Degree O Certificate/ | ['] Diploma |
| Enrollment Term: O Fall O Spring O Summer | Year: | |
| Type of Agreement: O New O Renewal | | |
| I hereby certify that the above information is true and cor (special admission requirements program) until I receive of required). | | |
| | | |
| Student Signature | | Date |
| | -OFFICE USE ONLY- | |
| ☐ Residency Verified Approved: ☐ Yes ☐ No, res | ason: | |
| | | |
| CLC Authorizing Signature | | Date |