

This form must be completed and received, along with full payment, prior to the beginning of class. The Kishwaukee College Installment Payment Plan option does not apply to Continuing Education classes.

Summer Fall Spring Year _____

*Social Security Numbers and Birthdates are kept confidential and not released to any individual or organization except as required by federal and state laws. Students who do not have a Social Security Number will be assigned a Kishwaukee College identification number.

Note: The following information _____ Choose Not To Respond

If you are not a U.S. Citizen, you must provide the following information:
 CITIZEN STATUS: STUDENT VISA F1 J1 M1 NON-RESIDENT ALIEN
 RESIDENT ALIEN-PERMANENT (Undocumented/Deferred Action)
 (Green Card) OTHER VISA
 COUNTRY OF CITIZENSHIP _____

Please identify **primary** racial/ethnic group. **Select one.**
 AMERICAN INDIAN or ALASKA NATIVE

- Prepare for future job or transfer to 2-yr school immediately after attending Kishwaukee College
- Prepare for G.E.D. or improve basic academic skills
- Personal interest/self-development, not career oriented Unknown

- 10. HIGHEST EDUCATION LEVEL COMPLETED Select one.**
- Less than G.E.D. or some high school G.E.D. High school diploma
 - Some college/university course work Certificate
 - Associate degree Bachelor's degree
 - Master's degree Doctorate

6. PREFERRED PERSONAL PRONOUNS (Optional): HE SHE THEY

7. VETERAN: YES NO

8. U.S. CITIZEN: YES NO

Course Code	Course Title	Course Cost
(Example) TRI-700-9001	Trip	0

NOTICE: Directory information (name, address, telephone, honors received, etc.) will be released to individuals upon their request unless you complete and sign a Directory Information Refusal statement available in the Student Services Office. If you have any questions, contact the office at 815-825-9375.

To the best of my knowledge, I certify that all information on this registration form is complete and accurate, and I certify that my current address above is my legal address and that I physically reside there.

Student Signature _____

Date _____

PAYMENT OPTION** (Check One): VISA MasterCard DISCOVER Check/money order enclosed (Payable to Kishwaukee College) \$ _____ Payment Amount

Name of cardholder (Please Print): _____

Cardholder's Complete Address: _____

Card #: _____