

# COOPERATIVE/CHARGEBACK AGREEMENT APPLICATION

**Instructions:** Complete this form and return it to Enrollment Services, S113 in the Student Services Center, Moraine Valley Community College, 9000 W. College Pkwy., Palos Hills, IL 60465-0937. Processing time is 7-10 days.

**Note:** This program extends for one academic year, defined as fall, spring, and succeeding summer terms at Moraine Valley. You must renew this application each year until you have reached your program goal.

Name \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

The college I want to attend is \_\_\_\_\_

Name of Program \_\_\_\_\_

Type of Program  Degree  Certificate

Have you had a previous approval for a Cooperative/Chargeback program?  Yes  No

Date classes begin \_\_\_\_\_  
Month Year

I certify that all information of this application is true and correct. I understand that Moraine Valley is not obligated to pay out-of-district tuition for any course I take which does not directly apply to this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Confidential when completed.*

<p><b>For College Use Only</b></p> <p>Residency Verification _____ College Official _____ Cooperative Agreement _____ Chargeback _____</p> <p>_____ Approved _____ Denied Semester: _____ Fall _____ Spring _____ Summer</p>
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