

Cooperative Agreement Application

Please read the following information carefully. Failure to comply with the following guidelines will prevent you from obtaining approval.

Due Dates: (Applications received after due date will be denied)

Fall – July 20	Spring – December 16	Summer – April 20
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- This application must be filled out completely or it will not be processed
- Application and required documents must be faxed to (708) 974-8346 (attention to Norma Vazquez-Zwick), scanned to email zwickn@morainevalley.edu, or brought to Office of Enrollment Services (Room S116) (Phone 708-974-5346)
- Must have proof of current residency by means of valid Illinois driver's license or State ID card.
Address must match records on file.
- You must submit a copy of the program that you are seeking to pursue (college catalog or program brochure)
- Courses not pertaining directly to the program will not be covered (Prerequisites or Gen Eds)
- **Please allow up to two days for processing.**

Name		
Phone #	SSN: (last 4 digits)	Moraine Valley Student ID Number
Address		
City/State/Zip		
College Attending		
Name of Program		
<input type="checkbox"/> New Student to Program <input type="checkbox"/> Continuing Student		
Date Class Begins	Type of Program: <input type="checkbox"/> Degree <input type="checkbox"/> Certificate	
Please check one: <input type="checkbox"/> Mail to Student <input type="checkbox"/> Student will pick up		

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.

For College Use Only	
Residency Verification _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____	