

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 wisl	n to attend:		
Program you intend to enroll i	n:		
Black Hawk College approves (a new application for addition		•	at apply below). You must submit
Summer	Fall		Spring
YEAR		YEAR	YEAR
List course prefix, course num	per 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:	fliest@bhc.edu	
	returned to the Vice President for Instruction at least 30 days PRIOR to the 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:			
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Vice President for Instruction			