

High School Student Enrollment

It is the policy of the Board of Trustees of Illinois Valley Community College that current high school students, ages *16 and over, will be permitted to attend IVCC. Such students wishing to take college courses during the regular high school day must submit written authorization from their designated high school official detailing the number of courses and/or semester hours and the particular courses for which the student wishes to enroll. Additionally, such students must take and pass the necessary placement exams. Transfer-related questions can be discussed with an IVCC counselor.

Students who are at least 16 years of age who no longer attend high school and do not have verification of a severed relationship with their high school must wait until their high school class graduates to enroll at IVCC.

Home schooled students: Students who have been home schooled must provide transcripts and/or GED scores (if available). Students not having either of these documents must contact the Office of Admissions and Records.

Students must take the necessary placement exams. Transfer-related questions can be discussed with an IVCC Counselor.

*Exceptional circumstances may be reviewed by petitioning the Associate Vice President for Student Services. The form for appeal is available in the Counseling Center or Admissions Office.

Enrollment Appeals Form

I, _____, hereby make formal appeal to the Associate Vice President for Student Services at Illinois Valley Community College for consideration to enroll in college credit courses. I believe my situation is exceptional to the standard admission policy because:

Student's age: _____

Current school that the student is attending: _____

IVCC course(s) that the student wishes to enroll: _____

____ Submit transcript from current school.

____ Submit written authorization from principal or designated official from current school.

I understand I may be requested to meet with the Associate Vice President for a personal interview and state that I am agreeable to such meeting.

Dated: _____
Name

Dated: _____
Parent/Guardian

Phone Number

Please fax (815-224-0384) or mail this form to the Associate Vice President for Student Services
815 N. Orlando Smith Road, Oglesby, IL 61348

Approved _____
Associate Vice President for Student Services

Denied _____
Date _____