Illinois Central College

Lari LaBello (309) 690-7551

ICC Peoria Campus

5407 N University, Cedar 105

Peoria, IL 61614

Work-Based Learning/Dual Credit Application

Student (Legal) Name (type or print)



Address City

Current Year SOPH JUN ICC Student ID# (required) \_ Gender: Male Female Date of Birth:

Zip

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Phone # (home)

Student’s Email:

(cell)

\_\_

(other)

High School: \_\_ School Address: \_

Counselor Name: \_

School Phone # \_

\_ Counselor Email: \_

**Specific health and immunization requirements will be necessary prior to start of class.**

**2021/22 Options for Work-Based Learning/Dual Credit Health Occupations Program**

**Due 2/1/21**

**FALL SEMESTER**

Monday through Friday, 7 a.m.-10 a.m., ICC North Campus Monday through Friday, 7 a.m.-10 a.m., Eureka AC Home Monday through Friday, 7 a.m.-10 a.m., Pekin

**SPRING SEMESTER**

Monday through Friday, 7 a.m.-10 a.m., ICC North Campus

Monday through Friday, 7 a.m.-10 a.m., Eureka AC Home

Monday through Friday, 7 a.m.-10 a.m., Pekin

Parent/Guardian:

Name: \_

Phone #

\_ Email

Required Signatures:

Signing below indicates that student wishes to be considered for the Work-Based Learning/Dual Credit Nursing Assistant Program at ICC. Parent/Guardian signature indicates they believe that their son/daughter has the maturity and ability to be successful in the program, approves of this application, ensures students will be provided suitable transportation, and gives the school permission to release all necessary school records. The student/parent/guardian understands that, in compliance with federal and state privacy laws, ICC may use biographical information for institutional research. We understand that withholding information or giving false information may make a student ineligible for admission to ICC or subject to dismissal.

Student:

Parent/Guardian

Date:

2021 App.doc/1