

Illinois Central College Work-Based Learning/Dual Credit Application

Student (Legal) Name (type or print) _____

Address _____ City _____ Zip _____

Current Year in School SOPH JUN ICC Student ID# (required) _____

Gender: Male Female Date of Birth: _____

Phone # (home) _____ (cell) _____ (other) _____

Student's Email: _____

High School: _____ School Phone # _____

School Address: _____

Counselor Name: _____ Counselor Email: _____

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

2022/23 Options for Work-Based Learning/Dual Credit Health Occupations Program Due 2/1/22

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: _____