



**NOTIFICATION OF INTENT TO ATTEND A  
RECOGNIZED PUBLIC COMMUNITY COLLEGE IN ILLINOIS**

**RETURN FORM TO:**  
Elgin Community College  
1700 Spartan Drive  
Elgin IL 60123-7193  
Attn: Dean of Students Office - SRC 116  
Email: mnegron@elgin.edu  
Phone (847) 214-7226  
Fax (847) 608-5461

Date \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Social Security Number \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify that I reside  
*First Name and Last Name (Print)*  
at \_\_\_\_\_, \_\_\_\_\_ IL,  
*Number and Street (Print)* *Town (Print)*  
\_\_\_\_\_ which is within Community College District 509 and expect to  
*Zip (Print)*  
attend another recognized Community College in Illinois during the \_\_\_\_\_ academic  
*Year (Print)*  
year. I plan to enroll in the \_\_\_\_\_ Program at  
*Program you wish to enroll (Print)*  
\_\_\_\_\_ Community College. I understand that this  
*College you wish to attend (Print)*

program is not being offered at Elgin Community College. I further understand that Authorization for Partial Support or Joint Agreement Authorization from Community College District 509 will be granted only for those programs (not individual courses) which are not offered by Elgin Community College. Should I fail to enroll in the above mentioned program, I shall assume all responsibility for tuition and fee expense incurred in my enrollment at the other institution. I hereby understand that the above school will permit me to study in the program that I have requested at their in-district tuition provided that I stay within the guidelines of the program. Deviation from the program will result in my paying out-of-district tuition rates. My signature indicates that I understand this agreement is for the program specified above and not for an individual course. I further certify that the information contained in the notification is true and correct.

Signature \_\_\_\_\_

**INSTRUCTIONS:** Upon receipt of this Notification of Intent to Attend a Recognized Public Community College in Illinois from a resident of the school district shown above and verification thereof, the "Authorization for Partial Student Support While Attending a Recognized Public Community College in Illinois" or Joint Agreement Authorization is to be executed for the Board of Trustees and given to the person filing such notification for presentation of the recognized Community College in Illinois of his/her choice.

Updated: 9/21/11