



COOPERATIVE/CHARGEBACK AGREEMENT APPLICATION

15800 S. State Street • South Holland, IL. 60473

OUR MISSION IS TO SERVE OUR STUDENTS AND THE COMMUNITY THROUGH LIFELONG LEARNING

Please read the following information carefully. Failure to comply with the following guidelines may prevent you from obtaining approval.

APPLICATION DUE DATES:

(APPLICATIONS RECEIVED AFTER THE DUE DATE WILL BE DENIED)

FALL	SPRING	SUMMER
August 20 th	January 14 th	June 3 rd

TO EXPEDITE THE APPROVAL PROCESS YOU MUST PROVIDE ALL OF THE FOLLOWING INFORMATION:

- ✓ An Application for South Suburban College must be on file with the Admissions Office (Room 2348)
- ✓ A valid Driver's License or State Id is required as proof of current In-District residency
- ✓ An official or unofficial copy of your High School or GED Transcript
- ✓ A copy of your COMPASS placement test scores (an official or unofficial copy of your College Transcript can be used in lieu of COMPASS placement test scores if prior college courses were completed in Math and English)
- ✓ A copy of the PROGRAM you are seeking to pursue (from their catalog and/or program brochure)
- ✓ ANY COURSES NOT PERTAINING DIRECTLY TO THE PROGRAM, INCLUDING DEVELOPMENTAL COURSES AND GENERAL EDUCATION COURSES, ARE NOT COVERED.

Name:	ID#:	Date of Birth:	Phone Number:	SSN (last 4 digits):
Address:				
City/State/Zip:				
College Attending:				
Name Of Program:				
Program Start Date: Semester: _____ Year: _____		Type Of Program: Degree: _____ Certificate: _____		

I certify that all the information on this application is correct and true. I also understand that South Suburban College is NOT obligated to pay the out of district tuition for any course which does not directly apply to the program I am seeking to complete. I further understand that I am Financially responsible for any courses not pertaining directly to the Program, including Developmental and General Education courses .

SIGNATURE: _____ DATE: _____

For Office Use Only:

Residency Verification: _____ Date: _____ Cooperative: _____ Chargeback: _____

Approved: _____ Denied _____ Semester: _____ FALL _____ SPRING _____ SUMMER

HIGH SCHOOL/GED TRANSCRIPT

Verified by _____ Date: _____

REVISED 5/2015

NOTES: