



**SOUTH  
SUBURBAN  
COLLEGE**

# Career Cooperative Agreement Application

Revised 09/05/25

Dean of Student Development • 15800 S. State St. South Holland, IL 60473 • (708) 596-2000, ext. 2262

Please read the following information carefully. Failure to comply with the following guidelines may delay the approval process.

**Application Due Dates: (Applications received after the due date will not be accepted.)**

SPRING	SUMMER	FALL
October 14, 2025 - January 16, 2026	March 16, 2026 - May 29, 2026	June 1, 2026 - August 14, 2026

**To expedite the approval process you must provide all of the following information:**

**New Student**

- ☐ Application On File In Admissions
- ☐ Valid Driver's License or State ID
- ☐ High School Transcript/Diploma (Unofficial Accepted)
- ☐ Copy Of Your Placement Test Scores
- ☐ Copy Of Program Class Listing (Program Brochure)

**College Student**

- ☐ Application On File In Admissions
- ☐ Valid Driver's License or State ID
- ☐ College Transcript (Unofficial Accepted)
- ☐ Copy Of Program Class Listing (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:				
Start Date: Semester _____ Year _____			Type Of Program: Degree <input type="radio"/> Certificate <input type="radio"/> Class or Classes <input type="radio"/>	

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 ☐  
Approved ☐ Denied ☐ Semester: Fall ☐ Spring ☐ Summer ☐

**HIGH SCHOOL/GED TRANSCRIPT**

Verified by \_\_\_\_\_ Date/Time: \_\_\_\_\_  
QPM (CASM Your Notes)

**NOTES:**