

Cooperative Agreement Application



Information (Please read carefully)

A cooperative agreement is an inter-institutional arrangement that enables a resident of District 540 to enroll in a specific applied science or certificate program at another community college at the in-district tuition rate, if the same/comparable program is not available at Heartland. Not all programs qualify for a cooperative agreement.

Instructions

1. Complete the following portion of this form and return the form to the Associate Director of Admissions. This form must be submitted at least 30 days prior to the tuition due date for the academic term for which you request enrollment.
2. Include a copy of your proof of residency. To see a list of approved residency documentation, visit <https://www.heartland.edu/payingForCollege/cost/residency.html>
3. Within 30 days you will be notified of the status of your application. If approved, you and the participating college will receive a copy of the authorized application. If denied, you will receive a letter of explanation.
4. Once approved, this authorization is valid for the period stipulated below (maximum of 3 semesters). If your program exceeds the time listed, you **MUST** submit a new application for additional approval (see #2 above).
5. The approval is voided if you change the program of study or college attended, enroll in a program offered by HCC, or enroll in courses not applicable to your program.

Name: _____ Last 4 digits of Social Security Number: _____

Residence: _____
Street Address City State Zip

Phone Number: _____

Illinois Community College you wish to attend: _____

Program you intend to complete: _____

This program is a (circle one): Degree 1yr certificate 2yr certificate Other

Projected First Term (circle one): Fall/ Spring/ Summer 20____

Projected Final Term (circle one): Fall/ Spring/ Summer 20____

Status (mark one): First Cooperative Agreement Request _____
Continuing Cooperative Agreement Request _____

I hereby certify that the information above is correct.

Signature: _____ Date: _____

For College Use Only:

Authorization for partial student support to attend a recognized Illinois Public Community College

Approved Fall 20____ Spring 20____ Summer 20____

Denied Reason: _____

Signature HCC Official _____

Date processed _____

Date faxed/mailed _____