

BOARD OF TRUSTEES
JOHN A. LOGAN COLLEGE
COMMUNITY COLLEGE DISTRICT # 530
CARTERVILLE, IL 62918

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

I, _____, _____/_____/_____, do hereby
(Name) (Date of Birth) (last 4 of SS)

certify that I reside at _____
(Number and Street)

(City, State and Zip Code)

(Telephone)

which is within Community College District #530 and expect to enroll at _____
(Name of College)

_____. I certify that I intend to enroll in the _____

_____ program/class and that I will begin classes in the _____
(Semester & Year)

I certify that the information contained in this notification is true and correct. The reason I cannot attend John A. Logan College is _____.

I further certify that I will enroll in the above-named program at the above-named college, a program not offered in this community college district, and this authorization becomes invalid if I subsequently enroll in a program offered by John A. Logan College.

(Student's Signature and Date)

Return to:

Provost Office
John A. Logan College
700 Logan College Drive
Carterville, IL 62918

PLEASE NOTE THAT THIS FORM MUST BE COMPLETED FOR **EACH SEMESTER** THAT YOU ATTEND ANOTHER COMMUNITY COLLEGE.