



Application for Joint Agreement

(Please **Print** legibly in blue/black ink. Incomplete applications will not be processed.)

*** Applicants: Applications should be submitted 30 days before the start of the term in which you intend to enroll. All applications must be accompanied by proof of residency as well as a copy of the courses required for the program you wish to study.**

Name _____
Last First Middle Initial

Address _____
No. & Street City ST ZIP

Phone: Home _____ Mobile _____ E-mail _____

Have you had a previous approval for a Joint Agreement from Morton College?

☐ Yes ☐ No **If yes, list program previously approved for**

Illinois Community College you will attend:

Name of program you wish to pursue: _____

(Individual courses, program prerequisites, prerequisites for courses within programs, and repeat courses will not be approved.)

This program is an: ☐ an associate of Applied Science degree or ☐ a certificate

*** Approval cannot be given for an Associate in Arts (AA) or Associate in Science (AS) degrees.**

I intend to enroll in this program beginning: (check only one)

☐ Fall Semester/Year _____ ☐ Spring Semester/Year _____ ☐ Summer Semester/Year _____

Upon approval, a written authorization will be issued for the academic year, or balance of it, for which you are applying. If your term of entry is the summer term, and you wish to continue the program into the following academic year, it is mandatory to re-apply for the following academic year. **(The academic year is the fall through summer terms.)**

I hereby certify that the above information is true and correct. I also agree to abide by joint agreement rules and regulations.

Signature _____ Date _____

(For office use only)

☐ Approved _____ Date _____

☐ Denied _____ Reason _____

☐ Joint Agreement ☐ New ☐ Renewal

Proof of Residency: ☐ Driver's License ☐ State I.D. ☐ Other _____

***For more information contact Joseph Belcaster, Director of Admissions & Records/ Registrar (708) 656-8000 x 2370 050919/LP**