

CAREER (Joint) Agreement

Complete this form to attend another Illinois public community college to pursue a program of instruction NOT offered by Oakton College. The program of study must be a certificate or Associate of Applied Science degree. Submit the completed form to the Enrollment Center thirty (30) days prior to the other community college due date. Community colleges may need the approval a week prior to the tuition due date. If approved, notification will be provided via email to the student and approved community college.

Additional Documents

- 1) Application for Admission to Oakton (new or Oakton students who have not attended within the last 3 years)
- 2) \$25 Admission Fee Payment (new applicants only)
- 3) Proof of Residency (Typically an IL driver's license or IL state identification card issued 30 days prior to the first day of courses for the academic semester requested.)
- 4) Academic Program Description (from college website or academic catalog)
- 5) Acceptance Letter for any limited enrollment program (new limited enrollment program only)
- 6) Renewal Applicants Only: Degree Audit or Unofficial Academic Transcript (to confirm past enrollment in stated program of study)

The CAREER Agreement is limited to Illinois public community colleges. Oakton College may only approve applications for programs of study that are significantly different from ones offered by Oakton. Students approved for a CAREER Agreement are expected to only enroll in courses required within the approved curriculum. Courses taken outside the curriculum may be charged at the out-of-district tuition rate.

Submit this form with documentation in person, by fax, or email to enrollmentcenter@oakton.edu.

Name:

LAST

FIRST

M.I.

MAIDEN

Oakton ID No:

Phone:

Email:

Address (#, street, city, and zip code):

Agreement Request is: New Renewal

Desired Community College:

Academic Program of Study:

Certificate Associate of Applied Science

Semester(s) requested: Fall (Aug-Dec) Spring (Jan-May) Summer (May-Aug) Year:

By typing my name in the box below I understand, that if approved I may only take coursework within the approved curriculum and any deviation will result in paying out-of-district tuition. I also certify that the above information is true and correct and any misinformation may result in cancellation of the agreement.

Student Signature:

Date: