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Easy ways to register

By Mail:
Fill out the registration form and mail it with payment to:
SVCC, Personal & Professional Development
173 IL Rte. 2, Dixon, IL 61021

By Fax:
Fill out the registration form with credit card information and fax to: 815/288-6032.

By Phone:
815/288-5511, press 4. Please have your credit card information ready.

In Person:
Stop by the Office of Admissions & Records, Room 1J4.

Use this form for all PPD programs. You may duplicate this form as many times as needed.

Cancelled courses and changes: Classes that have not filled minimum enrollment 7 days prior to the first class may be cancelled. If a class is cancelled, you will be notified and your registration fee refunded. SVCC also reserves the right to change instructors.

Mail this form to: Personal & Professional Development
Sauk Valley Community College, 173 IL Route 2, Dixon, IL 61021

Method of Payment: ____check/money order ____ cash ____VISA ____MC ____ Discover ____American Express

security code___ ___ ___ exp. date ___/___/___

credit card number | | | | | | | | | | | | | | | | |

Social Security # _____ - _____ - _____

Name_____
(Last) (Maiden) (First) (MI)

Address_____City _____ State _____Zip_____

Phone (Home/Cell)_____ (Work)_____

E-Mail Address_____

Maiden Name _____ Male ____ Female____ Birth Date: _____/_____/_____

This information is required for state and federal reporting and will not be used to determine an individual's acceptance at SVCC.

Ethnic Description
___Asian Pacific Islander
___American Indian
___Alaskan Native
___African American
___Hispanic
___White Non-Hispanic
___Hispanic Origin

Student Intent (check one)
___Prepare for new or first occupations career
___Improve present occupations skills
___Explore courses for career decision
___Prepare for transfer to 4-yr. institution
___Remedy basic skills deficiency
___Pursue non-career, personal interest
___Prepare for high school diploma equivalency test

Highest Degree Earned
___GED
___High school Diploma
___Some College, no degree
___Certificate
___Associate Degree
___Bachelor Degree
___Masters Degree
___First Professional Degree
___Doctorate Degree
___Other
___None

Veteran Status
___Non-Veteran
___Veteran
___Reservist
___Own Businesss
___Disabled

CRN	Course Name	Amount Due

Bill Company_____Company Name_____Attention to_____

Address_____City_____State_____Zip_____

Date____/____/____ Received by_____Cash____Check____Credit Card____Bill Company____