

# JJC Mathematics Department - Visiting/Reverse Transfer Form

Attention: James Morgan  
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Phone Number: 815-280-2415 Fax Number: 815-280-2297

----- *To be filled out by the Student* -----

## Part 1: Student Information (PLEASE PRINT AND FILL OUT COMPLETELY)

Name: \_\_\_\_\_

JJC ID# OR SS#: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ 2<sup>nd</sup> Phone #: \_\_\_\_\_

Four year institution currently attending: \_\_\_\_\_

## Part 2: JJC Information

JJC Math course and section requested:

Math \_\_\_\_\_ - \_\_\_\_\_

Note: The section is indicated by the two alpha/numeric characters following the course number (i.e. Math 150-55 or Math 128-X1)

Semester and year requested: \_\_\_\_\_

## Part 3: Permission

*I give my permission for Joliet Junior College to contact school officials at the school listed above regarding my eligibility to register for the Joliet Junior College course I requested.*

\_\_\_\_\_  
Student Signature Date

----- *To be filled out by the Advisor/Designee* -----

## Part 4: Four year Institution Information

Course number equivalent to the JJC course number in **Part 2**: \_\_\_\_\_

College/University Course Name: \_\_\_\_\_

College/University Prerequisite: \_\_\_\_\_

## Part 5: Validation from four year institution

Does the student meet the prerequisites for the course listed in **Part 4** at the institution you represent?  
(e.g. ACT scores, high school transcripts, placement test, no prereqs for this class)

Yes or No

Reason: \_\_\_\_\_

I, the representative of the four year school, have checked the prerequisites for this student, and have determined the student is eligible to enroll in the course listed in **Part 3** at **my institution**.\*

Advisor/College Official **printed** name: \_\_\_\_\_

Advisor/ College Official signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

\*Note: Student must meet the prerequisites for your institution's course in **Part 4** in order to be enrolled in the JJC course requested.