

Early Entry Enrollment Check List

“Early Entry” is a process which allows students 17 or younger to be considered for admission into Joliet Junior College (JJC). Students interested in participating as an “Early Entry” must **complete the following steps no later than 14 days** prior to the 1st day of the semester in which the student wishes to attend.

____ Students are recommended to discuss the “Early Entry” process with their guidance counselor/teacher to determine the student’s needs and for assisting in selecting a course(s) at JJC.

____ Any student under the age of 16 and attending junior high, high school or home school who wishes to take a college credit course, (must have approval of course instructor, department chairperson, and Dean.)

____ Complete and submit the online application at www.jjc.edu/admissions

____ Complete and download the “Early Entry” form www.jjc.edu_____.

____ Have the high school counselor or authorized officials sign the “Early Entry” form.

____ Return the completed and signed “Early Entry” Form to the Admissions Office in person, by U.S. Mail or Fax to:

Joliet Junior College
Admissions Office J-1005
1215 Houbolt Road
Joliet, IL 60431
Fax No. (815) 280-6740

Note: JJC may request, at its discretion, to interview any applicant for the Early Entry Program. If this occurs, the admissions office will contact the student directly to make arrangements.

ENROLLMENT FORM

STUDENT SECTION:

STUDENT NAME: Last: _____ First: _____ MI: _____

SOCIAL SECURITY#: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO.: _____

JJC SEMESTER OF APPROVAL: Fall Spring Summer
(Circle One)

FISCAL YEAR OF APPROVAL: _____

High School Counselor or Authorized Official SECTION:

I hereby authorize the above named student to enroll at Joliet Junior College under the conditions of the early enrollment process and also that I am empowered to sign this form for my high school district.

_____ Print High School Counselor or authorized officials name.

_____ Signature of High School Counselor or authorized officials name.

COURSES RECOMMENDED BY HIGH SCHOOL

<u>COURSE NAME & NUMBER</u>	<u>SECTION#</u>	<u>DAY (S)</u>	<u>TIME</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For JJC Registration use only:

Date of Registration: _____ Clerk's initials: _____

Classes registered for (if different from requested, explain): _____

Date student was notified of balance: _____

Amount: \$ _____

JJC SECTION:

COURSE INSTRUCTOR APPROVAL

_____ YES _____ NO

Signature

Date

DEPARTMENT CHAIR APPROVAL

_____ YES _____ NO

Signature

Date

DEAN'S APPROVAL

_____ YES _____ NO

Signature

Date