



Shawnee Community College

CAREER Agreement Form

I, _____, date of birth of _____,
(Name)

certify that I reside at _____
(Address)

(City, State, and Zip)

(Phone Number)

and intend to enroll at _____ for the
(College)

_____ program/class for the _____
(Program/Class) (Semester & Year)

The reason I cannot attend Shawnee Community College is _____.

Student Signature: _____ Date: _____

Note: A new form must be completed for EACH SEMESTER that you attend another community college.

Return to:

Danielle Boyd
Shawnee Community College
8364 Shawnee College Rd.
Ullin, IL 62992

Email:
danielleb@shawneecc.edu