Learn about the benefits of Ivy Tech Community College

Full Name: ________________________________
Email Address: ________________________________
Phone Number: (_________) ________________________________
Address: __________________________________________________
City: __________________ State: __________________
ZIP Code: _______________ Date of Birth: __________________
Program(s) That Interest You: ___________________________________

Anticipated Start Date
☐ January  ☐ March  ☐ May/June  ☐ August  ☐ October
Year: ________________

High School: ________________________________
High School Graduation Year: ________________
Employer (If Applicable): ________________________________
Did you take dual credit courses with Ivy Tech?
☐ Yes  ☐ No  ☐ I’m not sure
Do you have credits from another College or University?
☐ Yes  ☐ No  ☐ I’m not sure
Check if you are interested in:
☐ The Associate Accelerated Program (ASAP), our one-year associate degree program
☐ The IvyHonors Program
☐ Transferring to a four-year university

Submitting this form and providing your contact information gives Ivy Tech Community College permission to contact you by phone, email, text, postal mail, and connect with you on social media.