



AANIHH NAKODA COLLEGE ADMISSION APPLICATION



A one-time non-refundable application fee of \$10 must accompany this application.

Full Time Enrollment: _____ Part Time Enrollment _____ Non Declared: _____
 Fall Semester 20____ Spring Semester 20____ Summer Session 20____

Please indicate your educational goal: _____

PERSONAL INFORMATION

Full Legal Name: _____ Maiden _____

Other Names Used: _____

Mailing Address: _____

Address City State Zip County

Permanent Address: _____

Address City State Zip County

Social Security Number: _____ - _____ - _____

We ask you to voluntarily provide this number which permits the college to distinguish between individuals of the same or similar names. This is especially important should you request a transcript at a later date or wish to be considered for financial aid.

Telephone Number: _____ Email Address: _____

Birthdate: _____ Male Female Are you a Veteran? Yes No

Country of Citizenship _____ If not U.S.A., are you a permanent resident alien: Yes No

EDUCATION

If you are or will be a high school graduate, please indicate:

High School Name	Graduation Date	High School City/State

If you have or will receive you HiSet/GED, please indicate:

Test Date	Test Site	City/Sate

Did you attend Head Start?

Age	Site	City/Sate

COLLEGE INFORMATION

Please list any college or university you previously attended and provide an official transcript for each, whether or not credit was earned.

Were you ever suspended or dismissed for academic reasons? Yes No

If yes, Please explain: _____

School Name	School Address	Attendance Dates	Degree/Credits Earned

ETHNICITY INFORMATION

What is your ethnicity: Native American Indian African American Hispanic/Latino

Caucasian/White Asian Other

Are you an enrolled member of federally recognized tribe? Yes No Enrollment # _____

Are you a descendent of an enrolled member of federally recognized tribe? Yes No

Please list parent's tribal affiliation and enrollment number: _____

Name and Location of Tribe: _____

Do you speak your tribal language: Yes No Fluently Conversational Basic

IMPORTANT NOTICES

Disability Information: If you have a disability (learning/physical) for which accommodations may be necessary, please submit a confidential written request for disability accommodations to Dean of Student Affairs, P.O. Box 159, Harlem, Montana 59526. Disability accommodation information will be confidential used only in accordance with federal regulations issued pursuant to Section 504 of the Rehabilitation Act of 1973 and American with Disabilities Act.

Family Education Rights and Privacy Act (FERPA): All official student academic records are housed in the Registrar/Admission Office. An institution may disclose "directory-type" information to third parties without consent from the student according to FBC policy. The following directory-type information may be given to any inquirer without written authorization from the student: **Name, address, major, number of credits currently taking, diplomas or certificates awarded, honors, and date of completion.** A student who wants any or all of this information to remain confidential must inform the Registrar in writing. Any student requesting a release of information covered under FERPA rules and regulations must complete a written request.

Are you required to register as a sexual or violent offender? Yes No

Applicant's Complete Legal Signature

Date

Official Use Only	
Date Application Received:	Application Fee Received:
Assigned Advisor	Initials