

FORT BELKNAP COLLEGE ADMISSION APPLICATION

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

Enrollment:

Full Time Enrollment: _____ Part Time Enrollment _____ Special Admission: _____
 Fall Semester 20 _____ Spring Semester 20 _____ Summer Session 20 _____

Have you attended Fort Belknep College previously: ___ No ___ Yes If yes, when? _____

Please indicate you current educational goal:

Associate of Arts Associate of Science Certificate Non-Degree Seeking

Declared Major: _____

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

High School/GED Information

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

Graduation Date	High School Name	High School City/State

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

Test Date	Test Site	City/Sate

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

College Information

If you have attended or are attending a college or university, please provide the following information for each institution, whether or not credit was earned.

School Name	School Address	Attendance Dates	Degree/Credits Earned

Were you ever suspended or dismissed for academic reasons from any college/university listed above? Yes No

If yes, Please explain: _____

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 # _____

Name and Address of Tribe: _____

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 Loretta Doney-Hawley, Student Support Services Director, 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.

Applicant's Complete Legal Signature

Date