

Application for Admissions

Turtle Mountain Community College
PO Box 340, Belcourt ND 58316
Phone: (701) 477-7862 Fax: (701) 477-7892
www.tm.edu



I am applying for admissions: First-Time Student Transfer Student Returning Student

*First-Time Student-never attended TMCC or any other college/university *Transfer Student-never attended TMCC but did attend other college/university

*Returning Student-previously attended TMCC

Have you previously applied at TMCC: Yes No If yes, what year: _____

What term are you entering: Summer Term Fall Term Spring Term Entering Year: _____

Enrollment Status: Full Time Part Time

Legal Name: (as appears on legal documents, i.e. social security card, birth certificate, court records)

Last Name First Name Middle

Maiden/Other Names

_____-_____-_____
Social Security Number

Permanent Mailing Address:

Street or P.O. Box City State Zip Code

(_____) _____ (_____) _____ _____
Home Telephone Cell Phone Number Email Address

In case of an Emergency:

Name Telephone

Demographic Information:

Date of Birth: ____/____/____ **Gender:** Male Female

Marital Status: Single Married Separated Divorced **# of Dependent Children:** _____

Race/Ethnicity: American Indian American Indian Descendent Asian Black or African American
 Hispanic White Native Hawaiian /Other Pacific Islander

Are you an enrolled member of a Federally Recognized Tribe: Yes No

Are you a member of a Federally Recognized Tribe but not enrolled: Yes No

*If descendant, must provide proof of descendency.

High School / GED Information:

Have you graduated from High School: Yes or No

Name of High School

Address

Graduation Date from High School: _____ (month/day/year)

Have you completed a GED: Yes No Date: _____/_____/_____ (month/day/year)

State: _____

College or University Information:

*Failure to list any college, universities, and schools previously attended may result in denial of admission, dismissal, or loss of credit.

Have you ever attended another college or university: Yes No

Name of College or University

City

State

Name of College or University

City

State

Name of College or University

City

State

Other Information:

Are you a US Citizen : Yes No

Are you a veteran: Yes No If yes, branch of service _____

Are you a Spouse or Dependent of Veteran/Active Duty: Yes No

Are you a Spouse or Dependent of a deceased Veteran: Yes No

Are you receiving military benefits: Yes No

Are you responsible for caring for an elderly family member: Yes No

Do you speak an American Indian Language: Yes No

If yes, do you consider your language skills to be: Limited Conversational Fluent

Did you participate in a Head Start program as a child: Yes No

Did your father earn a bachelor degree: Yes No

Did your mother earn a bachelor degree: Yes No

Which district do you reside in: Rolette Bottineau Other, please name: _____

Not Applicable

Programs of Study: Circle One

Bachelor of Science:

Early Childhood Education
Elementary Education
Secondary Science

Associate of Art:

Art
Business
Criminal Justice
English
General Education
History
Humanities
Language
Music
Native Studies
Political Science
Psychology
Social Science
Social Work

Associate of Science:

Biology
Chemistry
Environmental Public Health
General Education
Mathematics
Pre-Dentistry
Pre-Engineering
Pre-Environmental Science
Pre-Geography
Pre-Medical Technology
Pre-Medicine
Pre-Natural Resources
Pre-Nursing
Pre-Optometry
Pre-Pharmacy
Pre-Physical Therapy
Pre-Veterinary
Pre-Wildlife Management

Associate of Applied Science:

Accounting Technician
Building Construction
Technology
Business Administration
Clinical/Medical Lab Technician
Computer Support Specialist
Licensed Practical Nursing
Heating, Ventilation, & AC
Pharmacy Technician
Process Plant Technology
Residential Electric
Certificate Programs:
9 Month Accounting Technician
9 Month Building Construction
Technology
16 Week Commercial Vehicle
Operations
9 Month Computer Support Spe-
cialist

Certificate Programs Continued:

16 Week Concrete Technology
9 Month Electrical Technician
9 Month Entrepreneur
9 Month Heating, Ventilation, & AC
16 Week Machining Technology
9 Month Oil Field Operations
16 Week Oil Field Operations
9 Month Phlebotomy
9 Month Process Plant Technology
9 Month Residential Electric
Technology
9 Month Welding Technology
16 Week Welding Technology-Pipe

Other:

Non-Degree Seeking
Dual Credit Student

Certification of Information:

I certify that all statements on this application are complete and correct to the best of my knowledge. I give permission to release information (ex HS transcript) to complete my file.

Student Signature

Date

- ◆ Completed Application
- ◆ Copy of Tribal Enrollment
- ◆ GED Transcript or
- ◆ High School Transcript (*must be sent directly or in a sealed envelope to TMCC Admissions Office)
- ◆ Official College Transcripts (*transcripts must be official and sent directly to the TMCC Admissions Office)
- ◆ FERPA Form (*Family Educational Rights and Privacy Act)

Mailing Address: Turtle Mountain Community College
Office of Admissions
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