



TURTLE MOUNTAIN COMMUNITY COLLEGE

Support Services

TMCC Student Services – Office A103

701-477-7840 or 701-477-7862 ext. 1036

Office Hours: 8:00 am to 4:30 pm, M – F

Intake Application

Completion of the following information is voluntary, but we ask your cooperation in completing the following items. This information is confidential and will only be used for programming purposes.

Date of Application: ____/____/____

PERSONAL INFORMATION

Name: _____ Sex: Male Female

Social Security #: _____ - _____ - _____ Student ID #: _____ Date of Birth: ____/____/____

Local Address: _____

Permanent Address: _____

Telephone: (____) _____ - _____ Email: _____

Date of High School Graduation: ____/____/____ Diploma GED Certificate

When you were in school, were you ever tested or diagnosed as having a disability? Yes No

If yes, when? ____/____/____ What was the diagnosis? _____

Do you have copies of your testing records? Yes No

Did you receive any type of special education services? Yes No If yes, explain:

Have you attended any other schools after you left high school? Yes No

Did you receive any degree(s) or certification(s) from these institutions? Yes No

If yes list the type of degree(s) or certification(s) and date received:

Degree/Certification	Date Received
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_____	_____
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_____	_____
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CURRENT EDUCATIONAL INFORMATION

Current Major: _____ Grade Level: _____

Current Grade Point Average: _____ Who referred you to this program? _____

What is the reason you were referred to this program?

Explain any other types of problems you are having in school other than those listed above:

VOCATIONAL REHABILITATION

Are you currently receiving assistance through a Vocational Rehabilitation office? Yes No

If yes, please list the address of the Vocational Rehabilitation office and the name of your counselor:

Address: _____

Counselor: _____

Do you have copies of your testing records? Yes No

Did you receive any type of special education services? Yes No If yes, explain:
