

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.

If you are a member of a federally Recognized Tribe, of your parents, who is an enrolled member? **Maternal, Paternal or Both. (Please circle)**

If you are an enrolled member of a Federally Recognized Tribe, what is your blood quantum?

Sample 15/32=.47, 1/4=.25) Please divide the top number by the bottom number to get your percentage. _____

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

Do you have access to a computer: { } Yes { } No

Do you have internet: { } Yes { } No

Programs of Study: Circle One

Bachelor of Science:

Early Childhood Education
Elementary Education
LEAD-Leadership and Mgmt
Secondary Science

Associate of Art:

Anishinaabe Language
Criminal Justice
General Education
Ojimaawi Leadership

Associate of Science:

General Education
Pre-Engineering
Pre-Nursing
Pre-Wildlife Management

Associate of Applied Science:

Accounting Technician
Building Construction Technology
Business Administration
Computer Support Specialist
Cyber Security
Electrical Technician
Health Fitness Technician
Heating, Ventilation, & AC
Medical Administrative Assistant
Medical Lab Technician
Network Administrator
Process Plant Technology
Power Plant Technology
Web Design

Certificate Programs:

9 Month Accounting Technician
9 Month Building Construction Technician
9 Month Concrete Technology
9 Month Cyber Security
9 Month Entrepreneur
9 Month Electrical Technician

Certificate Programs Continued:

9 Month Heating, Ventilation & AC
9 Month Network Administrator
9 Month Patient Access Specialist
9 Month Phlebotomy Technician
9 Month Process Plant Technology
9 Month Web Design
9 Month Welding Technology

16 Week Certificate Programs:

16 Commercial Vehicle Operator
16 Coaching/Prevention & Care of Ath Injuries
16 Fitness & Wellness
16 Week Heavy Equipment Operator
16 Medical Exercise Specialist
16 Personal Training
16 Sports Nutrition
16 Pipe Welding Technology –Summer
16 Plumbing Technology

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
PO Box 340
Belcourt, ND 58316