



SALISH KOOTENAI COLLEGE OFFICE OF
ADMISSIONS

P.O. BOX 70
PABLO, MT 59855
(406) 275-4855 (rev. 10-10-16;srd)

www.skc.edu

APPLICATION FOR DUAL ENROLLMENT

Which Quarter do you plan to enroll: Fall Winter Spring Year: _____ Do
you plan to Enroll: Full-Time Part-Time
Have you attended SKC before: Yes No Term & Year Last Attended: _____
Name of High School: _____ Expected Graduation Date: _____

PLEASE PRINT CLEARLY

PERSONAL INFORMATION

Full Legal Name: _____ Maiden: _____
Social Security Number: ____ - ____ - ____ Date of Birth: ____/____/____ Sex: Male Female
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____
Phone Number: _____ Cell Phone Number: _____
Email address: _____
Marital Status: Married Single Divorced Separated Widowed
Are you a Veteran? Yes No Are you a U.S. Citizen? Yes No
If you are not a U.S. Citizen were you granted permanent residency to the U.S.? Yes No

ETHNICITY INFORMATION

The following information is requested based on funding provided by the Tribally Controlled Community College Assistance Act of 1978:

What is your ethnicity? Yes Hispanic or Latino No Not Hispanic or Latino

If you selected not Hispanic please select all that apply:

- American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander
 White

Are you an enrolled member of a federally recognized tribe? Yes No Census/Enrollment #:

Are you a Descendant of an enrolled member (Parent or Grandparent)? Yes No

Parent; Full enrolled name _____

Grandparent; Full enrolled name _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone Number: _____

MEDIA RELEASE

PLEASE PRINT CLEARLY

- o **YES**, I hereby grant permission to Salish Kootenai College the right to use, publish, display, and/or reproduce any video/recorded voice/ or photographs for promotional publication, alumni publication and/or on the Salish Kootenai College web site. I also understand that Salish Kootenai College will own the video/recorded voice/photographs and all rights to them.
- o **NO**, I do not grant permission to Salish Kootenai College the right to use, publish, display, and/or reproduce any video/recorded voice/ or photographs for promotional publication, alumni publication and/or on the Salish Kootenai College web site.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____

Signature _____

Date _____

SIGNATURE VERIFICATION

I hereby certify that to the best of my knowledge the foregoing information is true and complete without evasion or misrepresentation. If my application for admission is approved, I agree to abide by the present and future rules and regulations, both academic and nonacademic, and the scholastic standards of Salish Kootenai College, including but not limited to those rules, regulations and standards stated in the catalog and student handbook.

Signature_____

Date_____

SKC does not discriminate on the basis of race, ethnicity, national origin, gender, age or disability in admission or access to educational programs or college activities. Because SKC is a tribal college, some academic programs may have tribal preference policies explained in their admissions materials. Inquiries concerning Title VI, IX and Section 504 may be referred to: Rachel Andrews-Gould, Title IX Coordinator, (406) 275-4985; or the Montana Human Rights Commission; 1236 Sixth Ave.; P.O. Box 1728; Helena, MT 59624; 406 -444-2884 / 800-542-0807.