



EARLY COLLEGE/DUAL CREDIT
Application for Admission & Enrollment Form
(Not eligible for financial aid)

PLEASE TYPE OR PRINT CLEARLY. ALL FIELDS ARE REQUIRED.

A. PERSONAL DATA

Full Legal Name _____
 Last Name First Name Middle Previous Last Name(s)

Permanent Mailing Address _____
 P.O. Box City State Zip

Permanent Street Address _____
 Street City State Zip

Home Phone _____ Cell Phone _____ E-Mail _____

Birthdate _____ SSN _____ Male _____ Female _____
 MM/DD/YYYY

Racial/Ethnic Information (this information is optional to comply with federal guidelines and will not be used in determining admissions status):

What is your ethnicity? (Select One) _____ Hispanic/Latino _____ Not Hispanic/Latino

What is your race? (Select one) _____ American Indian or Alaska Native* _____ Black/African American _____ White/Caucasian
 _____ Asian _____ Native Hawaiian/Pacific Islander

Are you enrolled? (Select one) **ENROLLED** _____ *Attach a copy of your Tribal Enrollment Card or CIB Form

Which Tribe? (EX: Sioux, Assiniboine, Crow.....) _____

Location of where you are enrolled? _____

DESCENDANT _____ *Attach a Birth Certificate and fill out the information below:

IF YOU ARE NOT ENROLLED, BUT YOUR PARENT/GRANDPARENT IS, COMPLETE THIS SECTION

Mother's Name _____ Maiden Name: _____

Enrolled: _____ 1st Descendant _____ Tribal Affiliation: _____ Enrollment #: _____

Father's Name _____

Enrolled: _____ 1st Descendant _____ Tribal Affiliation: _____ Enrollment #: _____

Grandmother's Name _____ Maiden Name: _____

Enrolled: _____ 2nd Descendant _____ Tribal Affiliation: _____ Enrollment #: _____

Grandfather's Name _____

Enrolled: _____ 2nd Descendant _____ Tribal Affiliation: _____ Enrollment #: _____

Student Name: _____

B. RESIDENCY CLASSIFICATION

The information you provide will be used to determine your residency status and has no effect on admission.

1. I claim to be a legal resident of Montana ____ Yes ____ No
2. I have lived in Montana continuously since: Month ____ Day ____ Year ____
3. My parents(s) legal guardian(s) have lived in Montana continuously since: Month ____ Day ____ Year ____

C. REGISTRATION

Year and Term enrolling: _____ Year _____ Fall _____ Spring _____ Summer

Section Numbers:

10—Poplar	30—Glasgow	50—Frazer	70—Brockton
12—Poplar Dual Credit	32—Glasgow Dual Credit	52—Frazer Dual Credit	72—Brockton Dual Credit
20—Wolf Point	40—Scobey	60—Westby	80—Nashua
22—Wolf Point Dual Credit	42—Scobey Dual Credit	62—Westby Dual Credit	82—Nashua Dual Credit

Subject	Course Number	Section	Course Title	Credit Hours	Credit Type
					____ EC ____ DC
					____ EC ____ DC
					____ EC ____ DC

SIGNATURES:

The student agrees to abide by the present and future rules and regulations both academic and nonacademic, and the scholastic standards of Fort Peck Community College, including, but not limited to, those rules regulation and standards stated in the catalog. We have also read and understand the FPCC Early College/Dual Credit policies and accept responsibility for payment and adhering to registration and withdrawal deadlines. Parent/Guardian approval for students under 18 indicates acceptance of obligation for payment of courses taken.

The student and parent agree to release Tribal Verification and/or High School Transcript to Fort Peck Community College.

Student Signature: _____ Date _____

Parent or Guardian Printed Name: _____ Date _____

Parent or Guardian Signature: _____ Date _____

Parent or Guardian phone number: _____

*High School Guidance counselor **OR** High School Principal: by signing, I certify that this student will be enrolling as a high school junior or senior as the date which Early College/Dual Credit courses are taken. *

Please enclose a copy of your students ACT Scores.

High School Guidance Counselor **OR** High School Principal _____ Date _____

Pre-requisite levels must be met through COMPASS placement testing in order to register for certain courses (see catalog). To schedule a COMPASS test contact Student Support Services at 406-768-6346. Remote testing at alternate test sites is available.

FPCC Registrar _____ Date _____