# Aaniiih Nakoda College

Admission Application and Check List

It is a pleasure having you apply to Aaniiih Nakoda College. This college is open enrollment; you do not have to be a member of a Federally Recognized Tribe to attend. The following items are required to complete your admission packet. Return your admission packet as soon as possible. Should you have any questions or concerns, please contact Danielle Jackson in the Admissions Office at (406) 353-2607 extension 240.

- ☐ **Admission Application** (Admission Application is attached and please print legible)
- ☐ **Declaration of Major Form** (Declaration of Major Form is attached. In order to qualify for Financial Aid you must declare a major)
- ☐ **$10 Admission Application Fee** (Your admission packet will be incomplete if Admission Application Fee is not attached. The fee is nonrefundable)
- ☐ **Official High School Transcript** (Copies will not be accepted.)
- ☐ **Official HiSet/GED Transcript** (Copies will not be accepted.)
- ☐ **Certificate of MMR Immunization** (Only need evidence of 2 doses of MMR.)
- ☐ **Tuberculosis Test Results** (Must be within the last 5 years)
- ☐ **TABE Placement Test** (You can schedule a TABE Placement Test through the Student Success Center in Nakoda Hall)
- ☐ **Official College Transcript(s)** (If you have attended another college, you must request an official transcript to be sent to our office to complete your admission requirements.)
- ☐ **Native American Tribal Enrollment** (Students who are enrolled members of a Federally Recognized Tribe must submit proof of enrollment. Skip this part if you are not a member of a Federally Recognized Tribe.)
- ☐ **Financial Aid** (You must complete the free online FAFSA application at www.fafsa.ed.gov. See the Financial Aid Office to complete your application.)

Return all the above information to the Admissions Office in Nakoda Hall or mail to:

PO Box 159, Harlem, Montana 59526.

Your application file must be complete before you will be allowed to register for classes. You will receive an acceptance letter and your assigned advisor will be listed in your acceptance letter. If you have any questions, please contact Danielle Jackson at 406-353-2607.

# AANIIIH NAKODA COLLEGE ADMISSION APPLICATION

A one-time non-refundable application fee of $10 must accompany this application.

Enrollment:

Full Time Enrollment: _____ Part Time Enrollment _____ Special Admission: _____
□Fall Semester 20_____ □Spring Semester 20_____ □Summer Session 20_____
Have you attended Aaniiih Nakoda previously: _____No _____Yes If yes, when? _____

Please indicate your current educational goal:

□Bachelor of Science □Associate of Art □Associate of Science □Certificate □Non-Degree Seeking

Declared Major: _____

## PERSONAL INFORMATION

Full Legal Name_____ Maiden_____

Other Names Used: _____

Mailing Address: _____
Address City State Zip County

Permanent Address: _____
Address City State Zip County

Social Security Number: _____-_____-_____
*We ask you to voluntarily provide this number which permits the college to distinguish between individuals of the same or similar names. This is especially important should you request a transcript at a later date or wish to be considered for financial aid.*

Telephone Number: _____ Email Address: _____

Birthdate: _____ □Male □Female Are you a Veteran? □Yes □No

Country of Citizenship_____ If not U.S.A., are you a permanent resident alien: □Yes □No

## HIGH SCHOOL/GED INFORMATION

If you are or will be a high school graduate, please indicate:

| Graduation Date | High School Name | High School City/State |
|---|---|---|
| | | |

If you have or will receive you GED, please indicate:

| Test Date | Test Site | City/State |
|---|---|---|
| | | |

## COLLEGE INFORMATION

If you have attended or are attending a college or university, please provide the following information for each institution, whether or not credit was earned.

| School Name | School Address | Attendance Dates | Degree/Credits Earned |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Were you ever suspended or dismissed for academic reasons from any college/university listed above?

☐Yes ☐No If yes, please explain: _____

## ETHNICITY INFORMATION

What is your ethnicity: ☐Native American Indian ☐African American ☐Hispanic/Latin

☐Caucasian/White ☐Asian ☐Other

Are you an enrolled member of a federally recognized tribe? ☐Yes ☐No Enrollment #_____

Are you a descendant of an enrolled member of a federally recognized tribe? ☐Yes ☐No

Please list parent's tribal affiliation and enrollment number: _____

Name and Address of Tribe: _____

_____

## IMPORTANT NOTICES

**Disability Information:** If you have a disability (learning/physical) for which accommodations may be necessary, please submit a confidential written request for disability accommodations to Loretta Doney-Hawley, Student Support Services Director, P.O. Box 159, Harlem, Montana 59526. Disability accommodation information will be confidential used only in accordance with federal regulations issued pursuant to Section 504 of the Rehabilitation Act of 1973 and American with Disabilities Act.

**Family Education Rights and Privacy Act (FERPA):** All official student academic records are housed in the Registrar/Admission Office. An institution may disclose "directory-type" information to third parties without consent from the student according to FBC policy. The following directory-type information may be given to any inquirer without written authorization from the student: **Name, address, major, number of credits currently taking, diplomas or certificates awarded, honors, and date of completion**. A student who wants any or all of this information to remain confidential must inform the Registrar in writing. Any student requesting a release of information covered under FERPA rules and regulations must complete a written request.

**Are you required to register as a sexual offender? ☐Yes ☐No**

**Are you required to register as a violent offender? ☐Yes ☐No**

_____

**Applicant's Complete Legal Signature** **Date**

| Official Use Only | |
|---|---|
| Application Received: | Date Received: |
| Assigned Advisor: | Initials: |

# Aaniiih Nakoda College

Declaration of Major

Name: _____ Student ID#_____

Print Name

Catalog Year 20_____ TERM_____

## Bachelor of Science

____ Aaniiih Nakoda Ecology

## Associate of Arts

____ Aaniiih Nakoda Language
____ American Indian Studies
____ Business (Choose Option)
  ____ Administration Option
  ____ Technology Option
____ Chemical Dependency Counseling
____ Education
____ Early Childhood Education
____ Human Services
____ Liberal Arts

## Associate of Science

____ Allied Health
____ Computer Information Systems
____ Environmental Science

____ Nursing **(**Additional Application Process Required)

## Associate of Applied Science

____ Industrial Trades

## One-Year Certificate

____ Health Science
____ Tribal Management
____ Welding
____ Behavioral Health Technician

____ **Non-Declared:** A student who is interested in attending only a few classes and will not utilize an advisor or not pursuing a degree or certificate.

***Note:*** *To be eligible to participate in the Pell Grant Program or to apply for scholarships you must declare a major. Federal Law requires financial aid recipients to be enrolled in an academic program leading to a degree or certificate.*

_____ _____

Student Signature Date

# AANIIIH NAKODA COLLEGE
# IMMUNIZATION RECORD

A record of immunizations is required of all students registering for classes at Aaniiih Nakoda College. Your registration will be delayed if this health record is not received by the Registrar prior to your arrival on campus. Please submit the following information and include the signature of a health official.
**All information is confidential**.

USE BLACK OR BLUE INK ONLY, PLEASE PRINT OR TYPE

NAME_____DATE OF BIRTH_____/_____/_____
First Last

SOCIAL SECURITY NUMBER_____-_____-_____

HOME/PERMANENT ADDRESS_____

PHONE # (_____) _____-_____

**REQUIRED IMMUNIZATIONS:**

The ANC Board of Directors and Administration support the Montana Immunization Law requiring students born before January 1, 1957 to have a TB skin test within the last five (5) years. Students born after December 31, 1956 and enrolling after June 1993 must provide documentation for:

1. Two (2) doses of measles vaccine (1st does after 12 months of age and after 1957).
2. In addition: Proof of a TB skin test in the last five (5) years.
3. Signature of a health care provider with title and attached copy of an official immunization record.

MMR: Month Day Year

1st Dose _____/_____/_____

2nd Dose _____/_____/_____

Tuberculosis (TB) Skin Test Month Day Year

Test Date _____/_____/_____ Results: _____

Follow-up Chest X-ray _____/_____/_____

**HEALTH CARE PROVIDER:**

_____ _____ _____
Health Care Provider Signature Title Date