



Keweenaw Bay Ojibwa Community College
"Catch Your Dream Through a Superior Education"
 APPLICATION FOR ADMISSION

ENROLLMENT INFORMATION

New Student Former Student Transfer Advanced Secondary Guest Ability to Benefit Audit
 First time college student Yes No Degree seeking Non-degree seeking Certificate Seeking
 Semester: Fall Spring Summer Year: 20____ Status: Full-time Part-time

Intended Associate (Two Year) Degree Program of Study:

Anishinaabe Studies Business Administration Early Childhood Education
 Environmental Science Liberal Studies *Emphasis:* Art Criminal Justice

Intended Certificate (One Year) Degree Program of Study:

Business Administration CORE Corrections Environmental Science Office Services

DEMOGRAPHIC DATA & BACKGROUND INFORMATION

Full Legal Name: _____ Social Security Number: _____
 (Last, First M.I. (include maiden name))

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

(Note: An email address will be provided for use as primary means of notification in case of any on-campus threats to health and safety.)

Birthdate: _____ Gender: Male Female Other Veteran? Yes No

U.S. Citizen: Yes No If No, Country of Citizenship: _____

*Ethnic Origin: Hispanic/Latino? Yes No

*Supplying this information is not required for, nor used in determining the admission status of a potential student. The purpose of this information is to gather data for reporting on tribal colleges

In addition, please select one or more of the following racial categories to describe yourself:

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

*Tribal Affiliation: None KBIC Other (Please list) _____

*Marital Status: Married, NO dependent children Single, NO dependent children
 Married, WITH dependent children Single, WITH dependent children

*Are you responsible for the care of an elderly family member in your home? Yes No

Can someone else claim you as a dependent? Yes No

If so, please provide contact information of Parent(s)/Other who can claim you as a dependent:

Name: _____ Telephone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

*Are you the first in your immediate family to attend college? Yes No

*How well do you speak our Ojibwa native language? None Basic Words Conversational Fluent

*Primary Residence: On the Reservation Off the Reservation (within 10 miles) Off the Reservation (more than 10 miles)

*Have you ever been convicted of a felony or misdemeanor? Yes No * If yes, please describe in the space provided: _____

EDUCATION HISTORY * All applicants are required to provide an "official" high school / GED transcript to be sent directly from the granting institution before admittance to Keweenaw Bay Ojibwa Community College.

Did you graduate from high school? Yes No Last High School Attended _____

Did you earn a GED? Yes No Location _____

High School Classification: Reservation Based Not Reservation Based BIA Tribal

Please list all post-secondary institution, beginning with the most recently attended:

Name of School:	City, State:	Dates Attended:	Diploma/Degree Awarded:	Year of Graduation:

(Students are responsible for obtaining copies of their college transcripts)

PHOTOGRAPH RELEASE

I authorize Keweenaw Bay Ojibwa Community College to use my image in any promotional literature from pictures taken while attending any college event or class.

Yes No

DIRECTORY INFORMATION

Keweenaw Bay Ojibwa Community College does not release information from a student's educational record *without* prior written consent by the student except for information designated as "directory information" under the *Family Educational Rights and Privacy Act* (FERPA). Directory information may be disclosed by the College at its discretion. The following information is considered directory information: name, enrollment status, address, telephone number, year of birth, class, major, dates of attendance, degrees and/or awards conferred, and most recent educational institution attended. Please indicate your preference for directory information below:

Yes, KBOCC staff may disclose my directory information.

No, KBOCC staff may not release my directory information without written consent.

EMERGENCY CONTACT _____ Phone: _____

I certify the information provided is true and complete to the best of my knowledge. Falsification of information on this application could jeopardize acceptance and enrollment. I authorize any schools or colleges I have previously attended to release personal and academic information to Keweenaw Bay Ojibwa Community College.

Applicant's Signature: _____ Date: _____

An application fee of \$20.00 will be applied to the student's first billing cycle.

Keweenaw Bay Ojibwa Community College admits students of any race, color, sex, and national origin and does not discriminate on the basis of race, color, sex, religion, handicap, or ethnic origin in the administration of its policies and programs.

Admissions Information/Documentation must be sent to:

KBOCC Admissions Office
PO Box 519
Baraga, MI 49908

or

KBOCC Admissions Office
770 N. Main St.
L'Anse, MI 49946