Niiwin Akeaa Campus 111 Beartown Road Baraga, MI 49908 Phone: (906) 353-4630 Fax: (906) 353-8107

PART 1 –Completed by Student (please print)



Wabanung Campus 770 N. Main St. L'Anse, MI 49946 Phone: (906) 524-8400 Fax: (906) 524-8106

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CONTINUING EDUCATION UNITS APPLICATION

Last Name	Ī	First Name		М. І.	Birthdate	
Address			Cell Phone	Cell Phone		
City/State/Zip				Alternate F	Alternate Phone	
Gender: 🗆 Male 🗆 Fe	emale	Email addres	ss (required)			
Primary Residence:						
□ On the Reservation □] Off the Re	servation (within 1	10 miles) [☐ Off the Reservation	(more than 10 miles)	
Ethnic Origin: 🗌 Native	American	🗆 Caucasian	□ Asian	🗆 African American	🗆 Hispanic	
□ Other						
🗆 KBIC Member 🛛 Trib	oal Affiliatio	n				
Please pro	ovide a copy	of Tribal ID card	or Proof of A	ncestry letter with app	lication	
Tribal Employee 🛛 Yes	□ No	Department or a	agency?			
Course	(s) Title			Start Date		

Signature of Student

Date

Submit completed registration form to:

Keweenaw Bay Ojibwa Community College PO Box 519 Baraga, MI 49908