Niiwin Akeaa Campus 111 Beartown Road Baraga, MI 49908

Phone: (906) 353-4630 Fax: (906) 353-8107

ENROLLMENT INFORMATION:



Wabanung Campus 770 N. Main St. L'Anse, MI 49946

Phone: (906) 524-8304

Fax: (906) 524-8106

"Catch Your Dream Through a Superior Education" Application for Admissions

New Student	Former	Student	Trans	fer Ac	dvanced	Second	dary G	uest	Ability	to Benef	fit A	Audit	
First Time College	Student:	Yes	No	Degree :	Seeking		Non-Deg	ree Seel	king (Certificat	e Seeki	ing	
Semester you wou	ld like to e	nroll in:	Fall	Spring	Su	mmer	Year: 20	Sta	tus:	Full-Time	e F	Part-Time	
Intended Asso	ciate (T	wo-Year) Degre	ee Progr	am of	Study	:						
Anishinaabe St	udies	Business	Administ	tration	Early (Childhoo	od Educati	on E	Environ	mental S	Science		
Liberal Studies	Libe	eral Studie	s with an	Emphasis	s in:	Art	Crimi	nal Justic	се				
Intended Certif	icate Pr	ogram c	of Study	y: Ch	ild Devel	opment		Small Bus	siness S	Start-Up	Т	ribal Mana	agement
Business Admir	nistration	COR	E Correc	ctions	Envi	ronmen	tal Science	e C	Office S	ervices	Other		
DEMOGRAPH	IIC DAT	ΓA & Β <i>i</i>	ACKGI	ROUND	INFC	RMA	TION:						
Full Legal Name: _								Social Se	curity N	Number:			
Address:	ddress:				City:				State:			Zip:	
Telephone:(Note: An		201.1	E	mail Addr	ess:		 	,					
Birthdate:													
								-				No	
U.S. Citizen:		lo If No, (•		•								
*Ethnic Origin:									•				No
*Supplying this in	rormation			nor used i on is to ga						ootentiai	studeni	t. The pui	rpose
In addition, ple	ase sele	ct one o	r more	of the fo	llowing	g racia	al catego	ries to	desci	ribe you	ırself:		
American Indiar	or Alaska	a Native	White	Asian	Black c	or Africa	n America	n Nativ	ve Haw	aiian or	Other F	acific Isla	anders
*Tribal Affiliation:	None	KBIC	Othe	er: (Please	Specify	/)							
*Marital Status:	Married	l, No depe	ndent Ch	nildren	Ма	rried, W	ith depend	dent child	dren				
	Single,	No depen	ndent chil	ldren	Sin	gle, Wit	h depende	ent childre	en				
*Are you responsib	le for the	care of an	elderly fa	amily mem	nber in y	our hom	ne?	Yes	N	lo			
Can someone else	claim you	as a depe	endent?	Υe	es	No)						
If so, please provid	e contact	informatio	n of Pare	ent(s)/Othe	er who ca	an claim	n you as a	depende	nt:				
Name:				Pho	one:				Email	· 			
Address:				City	/:				_ State):	Zip:		
*Are you the first in	your imm	ediate fan	nily to atte	end colleg	e?	Yes	s 1	No					
*How well do you s	peak our	Ojibwa Na	tive Lang	guage?	No	ne	Basic W	ords	Con	versation	al	Fluent	

*Primary Residence:	on the reservation	off the reserva	tion (within 10 miles)	off the reservation (more	e than 10 miles)				
*Have you ever been co provided:			es No *If yes, ple	ease describe in the space	e 				
How did you hear about	us? Social Media	Friend Recr	ruiting Event Other	:					
the granting institution b	efore admittance to Ke	weenaw Bay Ojibw	a Community College.	ol / GED transcript to be se					
-		_							
Did you earn a GED?	Yes No Lo	ocation:							
High School Classification	on: Reservation E	Based Not Res	servation Based E	BIA Tribal					
Please list all post-secon	ndary institution, beginr	ning with the most r	ecently attended:						
Name of School:		City, State:	Dates Attended:	Diploma / Degree Awarded:	Year of Graduation:				
	(students are resp	onsible for obtainin	g copies of their colleg	e transcripts)					
PHOTOGRAPH R	RELEASE:								
I authorize Keweenaw E attending any college ev				nal literature from pictures Da					
DIRECTORY INF	ORMATION:								
consent by the student of Privacy Act (FERPA). D considered directory info	except for information directory information ma ormation: name, enrolln d/or awards conferred,	lesignated as "dired y be disclosed by tl nent status, addres	etory information" under ne College at its discret s, telephone number, y	s educational record without the Family Educational Faction. The following informations of birth, class, major, rended. Please indicate you	Rights and ation is dates of				
Yes, KBOCC staff m	nay disclose my directo	ry information.							
No, KBOCC staff ma	ay not release my direc	tory information wit	hout written consent.						
EMERGENCY CONTACT: Phone:									
	ance and enrollment. I	authorize any scho	ols or colleges I have p	ication of information on t reviously attended to rele					
Applicants Signature:				Date:					
An application fee of \$20	0.00 will be applied to t	he student's first bil	ling cycle.						
				national origin and does n f its policies and programs					
	Admission	ns Information/Docu	umentation must be ser	nt to:					
KBOCC Admission	KBOCC Admissions Office at the Niiwin Akeaa Center			KBOCC Admissions Office at the Wabanung Campus					
1	11 Beartown Road		770 N. Main St.						

111 Beartown Road Baraga, MI 49908 770 N. Main St. L'Anse, MI 49946

Email: admissions@kbocc.edu