



# FORT BERTHOLD COMMUNITY COLLEGE APPLICATION OF ADMISSION

P.O. Box 490/220 8<sup>th</sup> Ave. N - New Town, ND 58763 (701) 627-4738 ext. 286 Fax (701) 627-3609

## APPLICATION FOR NEW STUDENTS ONLY

Thank you for making a decision to enroll at FBCC. Please complete this application and return to Registrar

**PLEASE PRINT**

NAME: \_\_\_\_\_  
                    **Last**                            **First**                            **(MI)**                            **(Maiden)**

Mailing Address \_\_\_\_\_  
                            **P.O. Box**                            **or**                            **Street Number**

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone/Other (Specify) \_\_\_\_\_

Male  Female

Social Security # \_\_\_\_\_

\_\_\_\_\_ (Date of Birth)

\_\_\_\_\_ (Place of Birth)

**Ethnicity:**  Native American  Black, African American  White, Caucasian  
 Asian, Pacific Islander  Hispanic, Latino, Hispanic American

(The following information request is optional and will not affect the Admission, it is used for statistical reporting purposes only.)

Tribe \_\_\_\_\_ Tribal Enrollment Number \_\_\_\_\_

Agency Location \_\_\_\_\_

Are you a U.S. citizen?  YES  NO      Single  Married  Other

Number of Dependents: \_\_\_\_\_

Veteran  YES  NO

In case of emergency notify (Name/Relationship/phone Number):  
\_\_\_\_\_

Check Semester Applying for  Fall  Spring 20\_\_\_\_\_

**Program of Study (Please list Major and Minor)**

Student Status  Full-Time  Part-Time  Dual Credit

High School Graduate  YES  NO Graduation Date: \_\_\_\_\_

Name of High School \_\_\_\_\_ Address \_\_\_\_\_

G.E.D.  YES  NO (Date Received Certificate): \_\_\_\_\_

Place of GED Testing  
(Required a copy of High School Transcripts and GED)

**(First Generation means, if both or one of your parents attended College.)**

Are you First Generation?  YES  NO

Father Attended College  YES  NO Name of College \_\_\_\_\_  
Location \_\_\_\_\_ Dates Attended \_\_\_\_\_

Mother Attended College  YES  NO Name of College \_\_\_\_\_  
Location \_\_\_\_\_ Dates Attended \_\_\_\_\_

Both Parents Attended College  YES  NO (If yes, please specify their colleges  
above.)

Have you ever been convicted of a felony?  YES  NO If yes, please state the  
nature of offenses, when, where, and final outcome:

I have read the above application and answered all questions to the best of my knowledge. Any false  
information given will be cause for non-acceptance to FBCC.

I authorize the Registrar's office to solicit the information which is necessary for consideration of  
acceptance.

DATE \_\_\_\_\_ Signature \_\_\_\_\_

Fort Berthold Community College does not discriminate on the basis of race, color, national origin, sex, religious  
preference, age, handicap, marital status, political preference, or membership in an employee organization except  
as allowed by the Indian preference provision of the Civil Rights Act of 1964, as amended.

SEND THIS APPLICATION TO: REGISTRAR OFFICE, 220 8<sup>th</sup> Ave, New Town, ND 58763