

APPLICATION FOR ADMISSION



CANKDESKA CIKANA
COMMUNITY COLLEGE

Spirit Lake Tribe

I am applying for admission as: First-Time Student Transfer Student Returning Student

*Social Security Number _____ Birthdate _____

Legal Name _____
Last First Middle Former (if applicable)

Preferred Name _____ Phone Number _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____

Are you a member or Veteran of the Armed Service? Yes No If yes, will you apply for benefits? Yes No

*Gender: Male Female Other

Marital Status: Married Single # of Dependent Children: _____

*Ethnic Origin: Native American Caucasian/Non-Hispanic African American Asian Hispanic/Latino
 Other/Unknown Non-Resident

Are you an enrolled member of a Federally Recognized Tribe: Yes No

Is your biological parent an enrolled member of a Federally Recognized Tribe: Yes No

Are you responsible for caring for an elderly family member: Yes No

Do you speak an American Indian language: Yes No

If yes, do you consider your language skills to be: Limited Conversational Fluent

Did your father earn a bachelor degree: Yes No Unknown

Did your mother earn a bachelor degree: Yes No Unknown

Did you attend a Head Start program as a child: Yes No

Please indicate the term you are applying for: Fall Spring Summer

Please check here if this is an application for readmission _____ or program change _____

Enrollment Status: (Check one) Less than half time 1-5 credits Half time 6-8 credits
 Three quarter time 9-11 credits Full time 12+ credits

Please indicate one (1) Academic Major:

Associate of Arts Business Administration Early Childhood Education Social Work
 Liberal Arts Indigenous Studies

Associate of Science Pre-Engineering Natural Resources Management HPER Pre-Nursing

Associate of Applied Science Fine Arts

Certificate Carpentry Professional Driver Training - CDL Administrative Assistant Preschool Infants & Toddlers

Other Non-Degree Seeking GED Student

EDUCATION LEVEL COMPLETED

Please have high school or GED transcripts send to Cankdeska Cikana Community College Admissions office.

High School Graduate: Date _____ School _____

G.E.D. Certificate Completion: Date _____ Site _____

Have you attended or are you currently enrolled in any other colleges or universities? ____ Yes ____ No

If yes, list all colleges, universities, and schools (beyond high school) attended, whether or not credit was earned.

Failure to list all colleges, universities, and schools previously attended may result in denial of admission, rescission of admission, dismissal, loss of credit(s), or other appropriate sanctions.

Name	Location (City, State)	Inclusive Dates of Attendance	Degree(s) Earned and Date

Who may CCCC contact in case of emergency:

Name _____

Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

Contact information of a person in your life that is supportive of your educational journey that may be contacted by CCCC. This contact information may be different than the emergency contact information.

Name _____

Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

I hereby authorize the CCCC Business office to deduct the amount of money owed to them for tuition, fees, books, and other expenses, which I have incurred while attending CCCC. The amount may be deducted from any and all Title IV funds or scholarships I have been awarded.

I hereby authorize CCCC Registrar’s office to forward my academic transcript to funding agencies where appropriate.

*Items preceded by an asterisk are completed voluntarily and do not affect the status of your application. In addition, any information provided in response to the voluntary inquiry will not be used in discriminatory manner. However, both state and federal agencies frequently request this information for statistical purposes, and you are strongly urged to complete this section. Cankdeska Cikana Community College does not discriminate on the basis of race, religion, color, national origin, sex, age or handicap in admission or access to, or treatment or employment in, its educational programs or activities. Inquiries concerning Title IV, Title IX and Section 504 may be referred to the Affirmative Action Officer, Cankdeska Cikana Community College, PO Box 269, Fort Totten, ND 58335 (701) 766-4415 or to the Office of Civil Rights, U.S. Department of Education, 10220 North Executive Hills Blvd 8th Floor, 07-6010, Kansas City, MO 64153.

I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE COMPLETE AND TRUE.

APPLICANTS SIGNATURE

DATE