



SALISH KOOTENAI COLLEGE

OFFICE OF ADMISSIONS

P.O. BOX 70
PABLO, MT 59855
(406) 275-4855
www.sk.edu

APPLICATION FOR DUAL ENROLLMENT

(rev. 10-10-16;srđ)

Which Quarter do you plan to enroll: Fall Winter Spring Year: _____

Do you plan to Enroll: Full-Time Part-Time

Have you attended SKC before: Yes No Term & Year Last Attended: _____

Name of High School: _____ Expected Graduation Date: _____

PLEASE PRINT CLEARLY

PERSONAL INFORMATION

Full Legal Name: _____ Maiden: _____

Social Security Number: ____ - ____ - ____ Date of Birth: ____/____/____ Sex: Male Female

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone Number: _____ Cell Phone Number: _____

Email address: _____

Marital Status: Married Single Divorced Separated Widowed

Are you a Veteran? Yes No Are you a U.S. Citizen? Yes No

If you are not a U.S. Citizen were you granted permanent residency to the U.S.? Yes No

ETHNICITY INFORMATION

The following information is requested based on funding provided by the Tribally Controlled Community College Assistance Act of 1978:

What is your ethnicity? Yes Hispanic or Latino No Not Hispanic or Latino

If you selected not Hispanic please select all that apply:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Are you an enrolled member of a federally recognized tribe? Yes No Census/Enrollment #: _____

Are you a Descendant of an enrolled member (Parent or Grandparent)? Yes No

Parent; Full enrolled name _____

Grandparent; Full enrolled name _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone Number: _____

MEDIA RELEASE**PLEASE PRINT CLEARLY**

- **YES**, I hereby grant permission to Salish Kootenai College the right to use, publish, display, and/or reproduce any video/recorded voice/ or photographs for promotional publication, alumni publication and/or on the Salish Kootenai College web site. I also understand that Salish Kootenai College will own the video/recorded voice/photographs and all rights to them.

- **NO**, I do not grant permission to Salish Kootenai College the right to use, publish, display, and/or reproduce any video/recorded voice/ or photographs for promotional publication, alumni publication and/or on the Salish Kootenai College web site.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____

Signature _____

Date _____

SIGNATURE VERIFICATION

I hereby certify that to the best of my knowledge the foregoing information is true and complete without evasion or misrepresentation. If my application for admission is approved, I agree to abide by the present and future rules and regulations, both academic and nonacademic, and the scholastic standards of Salish Kootenai College, including but not limited to those rules, regulations and standards stated in the catalog and student handbook.

Signature _____

Date _____