

Personal Information

Name: _____

Birthdate: _____

Identity: Male Female Other

Social Security Number: _____

Email: _____

Phone: _____

Cell: _____

Address: _____

CEU and SKC Background

Have you ever attended SKC as a student? Yes No

Have you ever received CEUs from SKC? Yes No

Course Information

Course Title: _____

Course Date: _____

Demographic Information

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Canadian/Alaska Native |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic |
| | <input type="checkbox"/> Other |

Tribal Certification and Release

Enrolled Name: _____

Name of Tribe: _____

Tribal ID Number: _____

Proof of Tribal Enrollment

Reservation or Tribal Agency Location:

City _____ State _____

Place of Birth:

City _____ State _____

Mother: _____ Date of Birth _____

Maiden Name _____ Tribe _____

Father: _____ Date of Birth _____

Name _____ Tribe _____

Grandmother: _____ Date of Birth _____

Maiden Name _____ Tribe _____

Grandfather: _____ Date of Birth _____

Name _____ Tribe _____

I hereby grant permission to release Tribal Certification to:
Salish Kootenai College Enrollment Services Department
PO Box 70 Pablo, MT 59855

Date: _____ Signature: _____

To be completed by Tribal Enrollment Officer:

I certify that _____ is a(an) _____

Enrolled Member 1st Descendent 2nd Descendent Agency Name _____

of the _____ tribe. _____

Enrollment Number _____

Blood Degree _____

Eligible for BIA Services Ineligible for BIA Services

Agency Address _____

Certifying Officer Signature

To be completed by SKC Personnel:

CEU Hours: _____ CEU Count: _____