



**BIG SKY PATHWAYS**  
 (Early Start/Dual Enrollment)  
**APPLICATION FOR ADMISSION**  
**And ENROLLMENT FORM**  
*(Not eligible for financial aid)*

**PLEASE TYPE OR PRINT CLEARLY. ALL FIELDS ARE REQUIRED.**

**A. PERSONAL DATA**

1. Full Legal Name \_\_\_\_\_  
 Last Name First Name Middle Previous Last Name(s)

2. Permanent Mailing Address \_\_\_\_\_  
 Street or PO Box City State Zip

3. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

4. Birthdate \_\_\_\_\_ SSN OR DCC Student ID# (D16) \_\_\_\_\_ o Male o Female  
 MM / DD / YYYY

5. Student E-mail \_\_\_\_\_

6. Racial/Ethnic Information (This information is optional to comply with federal guidelines and will not be used in determining admissions status):  
 A. What is your ethnicity? B. What is your race? (Select one or more categories)  
 o Not Hispanic/Latino o American Indian or Alaska Native o Asian  
 o Hispanic/Latino o Black/African American o Native Hawaiian/Pacific Islander  
 o White/Caucasian

7. High School Attending \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Grade \_\_\_\_\_ Expected High School Graduation Date \_\_\_\_\_

**B. RESIDENCY CLASIFICATION**

The information you provide will be used to assess your residency status for tuition and fee purposes only and has no effect on admission.

1 I claim to be a legal resident of Montana: o Yes o No

2. I have lived in Montana continuously since: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

3. My parent(s)/legal guardian(s) have lived in Montana continuously since: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**C. REGISTRATION**

Year and Term enrolling:	Year	Fall	Spring	Summer		
CRN#	Subject	Course Number	Section	Course Title	Credit Hours	CC or DC*
50084	WRIT	101	1	College Writing I	3	<input type="radio"/> CC <input type="radio"/> DC
						<input type="radio"/> CC <input type="radio"/> DC
						<input type="radio"/> CC <input type="radio"/> DC
						<input type="radio"/> CC <input type="radio"/> DC

\*Please identify if you are requesting this course as College Credit Only (CC) course or a Dual Credit (DC) course. NOTE: College credits are not equivalent to high school credits. Only the high school has authority to award high school credit, as well as determine the number of credits given for college credits taken.

**NON-DISCRIMINATION STATEMENT**

Dawson Community College does not discriminate on the basis of creed, race, religion, gender, national origin, age, disability, veteran status, genetic information, pregnancy status, marital status, gender identity or expression, or sexual orientation with respect to access, employment, programs, or services. The College is in compliance with Executive Order 11246; Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972; Title IX regulation Implementing Educational Amendments of 1972; Section 504, Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990; the 1991 Civil Rights Act; the Age Discrimination in Employment Act of 1967, as amended; the Vietnam Era Veterans' Readjustment Assistance Act of 1974; Title 49, the Montana Human Rights Act; and all other federal, state, and college rules, laws, regulations and policies. Inquiries or complaints concerning these matters should be brought to the attention of John Bole, Director of Student Learning and Engagement, Title IX Coordinator. Telephone: (406) 377-9416. Email: jbole@dawson.edu. Office: 117 Library. Mailing Address: John Bole, Title IX Coordinator, 300 College Drive, Glendive, MT 59330.

**Signatures**

\*The student agrees to abide by the present and future rules and regulations both academic and nonacademic, and the scholastic standards of Dawson Community College, including, but not limited to, those rules, regulations, and standards stated in the catalog. We have also read and understand the DCC Early Start policies and accept responsibility for payment and adhering to registration and withdrawal deadlines. Parent/Guardian approval for students under 18 indicates acceptance of obligation for payment of courses taken.\*

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*High School Guidance Counselor OR High School Principal: By signing, I certify that this student will be enrolled as a high school junior or senior at the date which Early Start courses will be taken.\*

High School Guidance Counselor OR High School Principal \_\_\_\_\_ Date \_\_\_\_\_

Pre-requisite levels must be met through COMPASS placement testing in order to register for certain courses (see catalog). To schedule a COMPASS test contact the Academic Support Center at 406-377-9415. Remote testing at alternate test sites is available.

DCC Representative \_\_\_\_\_ Date \_\_\_\_\_