



Application for Admission

A Montana Institution of Higher Education

Office of Admissions Dawson Community College 300 College Drive Glendive, MT 59330

Please type or print responses

Last Name		First Name		Middle	Other name(s) used on academic records	
Previously Enrolled at DCC?						
Social Security			Yes	No	If yes, other name(s) under which I attended	

Birth Date	Phone Number	Email Address
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Permanent Mailing Address

Street Address			City	State	Zip	Country	
Are you a U.S citizen?	Yes	No	If no, are you a permanent resident alien of the United States?			Yes	No

Academic Information

I plan to enroll in: Fall Spring Summer Year: _____

I plan on earning an: Associates of Arts Associate of Science Associate of Applied Science Certificate

My area of study is: _____ I will be taking classes: Online On Campus

Academic History

I am or will be a high school graduate from:

High School	City/State
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My graduation date (MM/YYYY) was/will be: _____/_____/_____ OR earned/will earn a high school equivalency (GED, HiSET, TASC) from the State of _____ on (MM/YYYY) _____/_____.

I have attended or am attending a college, university, or vo-tech, and am providing the following information for each institution, **whether or not credit was earned**:

Institution Name	Location	Attendance Period	Credits Earned	Degree

Statistical Information - Providing this information is voluntary.

Dawson Community College does not discriminate in admission, or the provision of services nor employment policies on the basis of race, gender, national origin, marital status, creed, religion, color, age, or physical or mental handicap. Providing the following information requested by this section is voluntary and the information provided will not be used in a discriminatory manner and has no bearing on your admission status.

Gender Male Female

Have either of your parents or guardian(s) COMPLETED a bachelor's degree? Yes No Unsure

Were you in the armed services? Yes No Active duty from _____ to _____

Honorable Discharge? Yes No City/State entered service _____

Please indicate if you are:

Black or African American

American Indian or Alaska Native

Asian

Caucasian/White Non-Hispanic

Hispanic

Native Hawaiian/Pacific Islander

How did you hear about DCC?

Family or Friend

Counselor

Career Fair

Newspaper

Athletic Recruitment

Radio Ad

High School Visit

Facebook

Website

Other _____

Residency Classification– This section must be completed.

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

Does your parent or legal guardian claim you as a federal income tax exemption? Yes No

If **NO**– answer questions below for yourself. If **YES**– answer questions for your parents' status.

Montana COUNTY of Residence: _____ How long? _____

If less than 12 months, previous county? _____ How long? _____

STATE of Residence: _____ How long? _____

If less than 12 months, previous state? _____ How long? _____

From which state have you filed your most recent income tax? _____ Tax year: _____

From what state is your most **current** driver's license: _____ Date issued: _____

State or county your vehicle is currently registered: _____ Current year: _____

Property owner in Montana? **Self** Yes No **Spouse** Yes No **Parents** Yes No County: _____

Employed in Dawson County full-time? **Self** Yes No **Spouse** Yes No **Parents** Yes No

Employer: _____ Date Employment Began: _____

Safety and Security - This section must be completed.

1. Have you ever been disciplined, suspended from, or placed on probation at any educational institution

for non-academic reasons? Yes No

2. Have you ever been convicted of a felony (please include instances of deferred sentencing)? Yes No

3. Have you ever been subjected to court-ordered confinement for threatening or causing physical or emotional injury to persons or property? Yes No

4. Have you ever been required to register as a sexual or violent offender? Yes No

If you answered Yes to any of the questions in this section, you must include an explanation with this application. An affirmative response to any of these questions will not automatically prevent admission. Any falsification or omission of data may result in a denial of admis-

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 Leslie Weldon, Vice President of Human Resources and Advancement, Title IX Coordinator. Telephone: (406) 377-9412. Email: lweldon@dawson.edu. Office: 117 Library. Mailing Address: Leslie Weldon, Title IX Coordinator, 300 College Drive, Glendive, MT 59330.

Signature _____

I hereby certify that to the best of my knowledge the foregoing information is true and complete without evasion or misrepresentation. I understand that if it is later found otherwise, it is sufficient cause for rejection or dismissal. 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 the appropriate institution, its colleges, schools, departments and institutes, including but not limited to those rules, regulations and standards stated in both the undergraduate and graduate catalogs. I further acknowledge that if I fail to adhere to these regulations or meet these requirements, my registration may be canceled.

For Residence Hall Applicants Only

Meal plan options (required for all residential students)

Anchors Away \$1,012.50/semester

Mother Load \$1,537.50/semester

Do you have any food allergies?

Yes

No

Roommate Selection Data

How do you like to study?

Alone

With Others

How would you classify yourself?

Morning Person

Night Person

Where do you plan to study?

Room

Library

Other

What type of music do you enjoy?

Variety

Alternative

Jazz

Country

Rock

Contemporary

Christian

Other _____

Would you like a roommate with the same or related major?

Yes

No Preference

Do you use tobacco products?

Yes

No

Do you drink alcoholic beverages?

Yes

No

Socially

During my free time I prefer to spend time:

Alone

With Other People

Will you be playing sports?

Yes

No

If yes, which sport?

Do you plan to remain on campus over weekends and breaks?

Yes

No

Are you a light sleeper?

Yes

No

On a scale of 1-5 indicate the importance of the following. With (1) being very important to you and (5) being of little importance.

Cleanliness

Privacy

Quietness

Roommate Request (*optional*): Roommate requests must be mutual.

Roommate Names

Do you require special housing accommodations due to a medical condition or disability?

Yes

No

If yes, please describe the special accommodation needs: _____

Who referred you to our housing? _____

Housing applicants need to pay an additional \$150 nonrefundable deposit with this application to be considered to stay in the residence halls.