Application Process

1. When possible, each prospective student should meet or speak with a member of the Admissions Office staff.

2. Complete an admissions application form either online or in person at FDLTCC. The $20.00 application fee will be deferred for later payment. The fee will be added to the student’s account and can be paid when tuition and fees are due.

3. The link to the online application can be found at this address: https://fdltcc.edu/admissions/apply-here/admissions-process/

4. Provide FDLTCC Admissions Office with an official high school transcript or an official GED transcript. Transfer students are required by state law to provide official college transcripts from every postsecondary institution they have previously attended.

   **Note:** Request official transcripts to be sent to:
   - Admissions Office
   - Fond du Lac Tribal & Community College
   - 2101 14th Street
   - Cloquet, MN 55720

5. Complete the immunization form enclosed in your application for admission. This information is required by state law for all students who were born in 1957 or later.

6. Take the Accuplacer placement test. This assessment is required for all students unless they have placement test results from another MinnState college and have successfully completed college courses or provide ACT, SAT, or MCA test scores.

7. It is extremely important for you to complete the Free Application for Federal Student Aid - as soon as possible. Please go to [www.fdltcc.edu/paying-for-college](http://www.fdltcc.edu/paying-for-college) to start the process. Financial Aid Office staff are also available for assistance.

8. Attend a mandatory New Student Orientation session prior to the start of the term.

For Further Information:

To receive more information about the Application Process, general FDLTCC information, on-campus housing, or financial aid, contact:

Admissions Office
Fond du Lac Tribal & Community College
2101 14th Street
Cloquet, MN 55720
(218) 879-0808
1-800-657-3712
TTY (218) 879-0805

Email: Admissions@fdltcc.edu or visit our website at www.fdltcc.edu
Fond du Lac Tribal & Community College is an equal opportunity educator and employer. A member of the Minnesota State Colleges and Universities System.
P E R S O N A L I N F O R M A T I O N

Name (Last, First, Middle) ____________________________ Date of Application ____________________________

Name used in high school records or in other educational records and transcripts, if different from above (Optional) (Last, First, Middle)

Social Security number ____________ ____________ ____________

Providing your Social Security number is voluntary. If you do not provide this number, your application will still be processed. Many colleges/universities use Social Security numbers for student identification purposes on internal student records. The number may be used for purposes of administration, program evaluation, consumer and alumni data, and also may be used to create summary information about system programs through data matches with other state agencies.

Current mailing address (House/Apartment Number, Street, P.O. Box/Rural Route) ____________________________

City ____________________________ State ____________________________ Zip Code ____________________________ County ____________________________

Permanent address, if different from above (Street, P.O. Box/Rural Route) ____________________________

City ____________________________ State ____________________________ Zip Code ____________________________ County ____________________________

Personal phone ( ) Work phone ( ) Email address ____________________________ ____________________________ ____________________________

Are you a resident of Minnesota? □ Yes □ No If yes, how long? ________ years ________ months If no, of which state are you a resident? ____________________________

Are you a U.S. citizen? □ Yes □ No

If you answered no, do you have status as: □ Resident alien □ Refugee/asylee □ Temporary protected status □ None of these

If you answered none of these, do you have or intend to apply for a visa? □ Yes □ No

If you answered yes, you must contact the international student office at the college or university you wish to attend to determine whether a separate application is required.

Answer the following two questions only if you wish to qualify for in-state tuition and are NOT one of the following: a U.S. citizen; an international student maintaining valid immigration status as a non-immigrant; or a permanent resident, refugee, or have been granted temporary protected status:

When you graduate from high school, will you have attended a high school in Minnesota for three or more years? □ Yes □ No

To qualify for resident tuition under the Prosperity Act, male students between the ages of 18 and 25 must have registered with the Selective Service System. Please indicate one of the following: □ I have registered with Selective Service □ I have not registered with Selective Service □ I am not required to register for Selective Service

What is the highest level of education for your parent(s)/guardian(s)? Please respond for the parent(s), step-parent(s), adoptive parent(s), or guardian(s) who raised you.

Check only one box for each parent/guardian.

Parent/Guardian #1

□ No high school diploma □ High school diploma □ Some college □ Two-year college degree/diploma □ Bachelor's degree or higher □ Not sure/don't know

Parent/Guardian #2

□ No high school diploma □ High school diploma □ Some college □ Two-year college degree/diploma □ Bachelor's degree or higher □ Not sure/don't know

A D M I N I S T R A T I O N

Name of Minnesota State college or university to which you are applying (Use a separate copy of the application form for each institution)

Name of program, major, or curriculum you plan to follow; e.g., English, electrical engineering, auto mechanics, nursing.

(Check college/university policies for admission requirements to specific programs of study. List up to three.)

What is your current educational intent at this institution?

□ Complete courses, but not a degree □ Earn associate (two-year) degree □ Earn associate (two-year) degree and transfer

□ Earn occupational certificate/diploma □ Complete courses and transfer without a degree □ Earn bachelor's (four-year) degree

What term do you intend to begin taking courses? (Check only one and indicate the year)

□ Fall ____________ □ Spring ____________ □ Summer I ____________ □ Summer II ____________ □ Summer III ____________

Do you plan to attend: □ Full-time [12 or more credits] □ Part-time [fewer than 12 credits]

Have you attended this college/university before? □ Yes □ No If yes, last date attended: ____________________________

Activities/interests: (optional) Please list ____________________________

Are you now serving, or have you ever served, in the United States armed forces? □ Yes □ No

D E M O G R A P H I C I N F O R M A T I O N

The following information will help Minnesota State colleges and universities evaluate student recruitment and retention policies; it will not be used as a basis for admission. Providing this information is voluntary.

Gender □ Male □ Female

Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)? □ Yes □ No

Racial background (select one or more)

□ American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

□ Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

□ Black or African American - A person having origins in any of the black racial groups of Africa.

□ Native Hawaiian or other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

□ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Application continues on next page
**EDUCATIONAL INFORMATION**

<table>
<thead>
<tr>
<th>Do you have a high school diploma?</th>
<th>Yes</th>
<th>No</th>
<th>High school graduation date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If no, do you have a GED?</td>
<td>Yes</td>
<td>No</td>
<td>Are you currently in high school?</td>
</tr>
<tr>
<td>High school attended</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

List any other post-secondary institutions attended Official transcripts from each institution attended must be sent directly to the Admissions Office of the college/university.

<table>
<thead>
<tr>
<th>College/University/Institution</th>
<th>City</th>
<th>State</th>
<th>Dates of attendance</th>
<th>Degrees earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>College/University/Institution</td>
<td>City</td>
<td>State</td>
<td>Dates of attendance</td>
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</tr>
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<td>City</td>
<td>State</td>
<td>Dates of attendance</td>
<td>Degrees earned</td>
</tr>
</tbody>
</table>

Are you a high school student planning to take college courses under the Minnesota Post-Secondary Enrollment Options program (PSEO)? Yes | No

If yes, please contact your high school counselor and also the admissions office of the college/university you plan to attend.

**SIGNATURE REQUIRED BY ALL APPLICANTS**

All of the information included is true and complete to the best of my knowledge.

Applicant's signature Date

**HIGH SCHOOL PREPARATION STANDARDS FOR MINNESOTA STATE UNIVERSITIES**

**STATE UNIVERSITY APPLICANTS ONLY - PLEASE COMPLETE**

Students graduating from high school in 1994 or later must meet preparation requirements for admission/transfer to Minnesota State universities. Please list coursework that will be completed by graduation from high school.

Number of Years (or fraction thereof):

**ENGLISH**

(Minimum of 4 years, including composition, literature, and speech)

<table>
<thead>
<tr>
<th>English Total</th>
<th>Years</th>
</tr>
</thead>
</table>

**MATHEMATICS**

(Minimum of 3 years, including 2 years of algebra, one of which is intermediate or advanced, and 1 year of geometry)

<table>
<thead>
<tr>
<th>Elementary algebra</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermediate algebra</td>
<td>Years</td>
</tr>
<tr>
<td>Advanced algebra</td>
<td>Years</td>
</tr>
<tr>
<td>Geometry</td>
<td>Years</td>
</tr>
<tr>
<td>Trigonometry</td>
<td>Years</td>
</tr>
<tr>
<td>Pre-calculus</td>
<td>Years</td>
</tr>
<tr>
<td>Other</td>
<td>Years</td>
</tr>
</tbody>
</table>

Mathematics Total | Years |

**SCIENCE**

(Minimum of 3 years, including at least 1 year each of a biological and physical science with significant laboratory experience in all courses)

<table>
<thead>
<tr>
<th>Biological science with lab</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical sciences with lab</td>
<td>Years</td>
</tr>
<tr>
<td>Physics with lab</td>
<td>Years</td>
</tr>
<tr>
<td>Chemistry with lab</td>
<td>Years</td>
</tr>
<tr>
<td>Other with lab</td>
<td>Years</td>
</tr>
</tbody>
</table>

Science Total | Years |

Number of Years (or fraction thereof):

**SOCIAL STUDIES**

(Minimum of 3 years, including 1 year each of geography and U.S. history)

<table>
<thead>
<tr>
<th>U.S. history</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geography</td>
<td>Years</td>
</tr>
<tr>
<td>Other</td>
<td>Years</td>
</tr>
</tbody>
</table>

Social Studies Total | Years |

**WORLD LANGUAGE (Specify)**

(Minimum of 2 years of a single world language, including non-English native languages and American Sign Language)

<table>
<thead>
<tr>
<th>World Language Total</th>
<th>Years</th>
</tr>
</thead>
</table>

**ELECTIVES**

(Minimum of 1 year of either visual or performing arts)

<table>
<thead>
<tr>
<th>Visual arts</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music</td>
<td>Years</td>
</tr>
<tr>
<td>Theater/Drama</td>
<td>Years</td>
</tr>
<tr>
<td>Dance</td>
<td>Years</td>
</tr>
<tr>
<td>Media arts</td>
<td>Years</td>
</tr>
</tbody>
</table>

Electives Total | Years |
HIGH SCHOOL/GED TRANSCRIPT RELEASE PERMISSION

Note to applicant:
Tear off, sign, and send or give directly to the last high school attended. Your transcript cannot be sent without signed permission.

I, ____________________________

(Student name)

hereby request ____________________________

(Last high school attended - include city and state)

(to send a high school transcript, GED record, and/or IEP to:

Name of college/university and campus

Address

City ___________________________________________ State _______ Zip Code _______

Applicant’s signature ____________________________ Date __________

Transcript Information:

Name used on school transcript ____________________________

Year graduated or last attended ____________________________

Date of birth ____________________________ Social Security number ____________________________

This information will be used only to verify the correct identity of the student.

Parent’s signature (If under 18) ____________________________ Date __________

Note to school personnel: Send all transcripts and/or IEPs directly to the college/university indicated by the applicant. Please copy this release and return it with the transcript. Keep the original release for your records.
TRIBAL CERTIFICATION RELEASE

TO BE COMPLETED BY THE STUDENT. Please Print

I, ________________________________, hereby authorize the Tribal Enrollment Department to release a tribal blood certificate to:

Records and Registration
Fond du Lac Tribal and Community College
2101 14th Street
Cloquet, MN 55720

for the purpose of college enrollment only. I understand the information is confidential and that Fond du Lac Tribal and Community College will use it only for the stated purpose.

Student's Full Name ________________________________ Date of Birth ____________
Reservation & Band Enrollment ________________________________ (reservation) (state)
Reservation & Band Enrollment ________________________________ (reservation) (state)
Reservation & Band Enrollment ________________________________ (reservation) (state)
Student's signature ________________________________ Date ____________

TO BE COMPLETED BY TRIBAL ENROLLMENT OFFICER

I certify that ________________________________ is an (check one)

Enrolled [ ] 1st Descendent [ ] 2nd Descendent [ ] Not Enrolled [ ]

of the ________________________________ Tribe.

Enrollment Number ________________________________ Blood Degree ________________________________

Eligible for BIE Services [ ] Ineligible for BIE Services [ ]

Agency Name ________________________________
Agency Address ________________________________
Certifying Official Signature ________________________________

8/11/2011 Seno
# Immunization Record for Students Attending Post-Secondary Schools in Minnesota

**Students:** Return this completed form to the post-secondary school you will be attending before enrolling.

<table>
<thead>
<tr>
<th>Student Name (Last, First, M.I.)</th>
<th>Date of Birth</th>
<th>Student ID Number</th>
<th>Date of Enrollment (Mo/Yr)</th>
</tr>
</thead>
</table>

Minnesota Law (M.S. 135A.14) requires proof that all students born after 1956 are vaccinated against diphtheria, tetanus, measles, mumps, and rubella, allowing for certain specified exemptions (see below). Any non-exempt student who fails to submit the required information within 45 days after first enrollment cannot remain enrolled. This form is designed to provide the school with the information required by the law and will be available for review by the Minnesota Department of Health and the local health agency.

☐ Check here if you were born before 1957 for the age exemption. If you were, you don’t have to complete the rest of this form; however you still must return this form to your school.

**All other students who are not age-exempt:** Complete parts 1, 2, 3, and/or 4 below.

### Part 1: Students graduating from a Minnesota high school in 1997 or later

I have previously met the MMR (measles, mumps, rubella) and Td (tetanus, diphtheria) or Tdap (tetanus, diphtheria, pertussis) requirements because I graduated from a Minnesota high school in 1997 or later.

<table>
<thead>
<tr>
<th>Student's signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Name of high school: ____________________________  City: ____________________________  Date of graduation: ____________________________

### Part 2: Transfer student from another Minnesota college

I am exempt from these requirements because my admission records indicate I have met the requirements as an enrolled student in another post-secondary school in Minnesota.

<table>
<thead>
<tr>
<th>Student's signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Name of previous Minnesota college: ____________________________  Dates of enrollment: from _________ to _________

### Part 3: Students who graduated from a Minnesota high school before 1997 or students from out of state

<table>
<thead>
<tr>
<th>Tetanus/diphtheria (Td or Tdap) (at least one dose required within past 10 years)</th>
<th>Mo/Day/Yr</th>
<th>Mo/Day/Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles/mumps/rubella (MMR) (at least one dose required at or after 12 months of age)</td>
<td>Mo/Day/Yr</td>
<td>Mo/Day/Yr</td>
</tr>
</tbody>
</table>

I certify that the above information is a true and accurate statement of the dates on which I was vaccinated.

<table>
<thead>
<tr>
<th>Student's signature</th>
<th>Date</th>
</tr>
</thead>
</table>

### Part 4: Other exemption(s): A physician's signature is required for a medical exemption, and a notary's signature is required for a conscientious exemption

**Medical Exemption:** The student named above lacks one or more of the required immunizations because he/she: (Check all that apply and fill in the appropriate blanks.)

☐ has a medical problem that precludes the ____________________________ vaccine

☐ has not been immunized because of a history of ____________________________ disease

☐ has laboratory evidence of immunity against ____________________________ disease

<table>
<thead>
<tr>
<th>Physician's signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**Conscientious Exemption:** I hereby certify by notarization that immunization against ____________________________ disease is contrary to my conscientiously held beliefs.

<table>
<thead>
<tr>
<th>Student's signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Subscribed and sworn to before me this _____ day of ________________, 20____.

Signature of notary ____________________________

---

[MDH logo]  (7/14)
Authorization for the Release of Student Information

I, ____________________________, hereby authorize Fond du Lac Tribal and College
(Please Print)
to release and/or orally discuss my education records indicated below with

Please print the name(s) of who you want to access your records

Relationship to you (Ex: Parent/Guardian, Husband/Wife, Employer, etc)

Specific information to be released (check all that apply)

___ All
___ Financial Aid
___ Tuition Statement
___ Registration (credits, schedule, add/drops, GPA)
___ Transcript
___ Attendance Records
___ Enrollment Verification
___ Housing
___ Other (please specify)

I understand that the student records information listed above includes information about me, which is
classified as private under Minn. Stat § 13.32 and the federal Family Education Rights and Privacy Act. I
understand that by signing the Informed Consent Form, I am authorizing the College to release to the
persons named above and their representatives, information which would otherwise be private and
therefore not accessible to them. I understand that without my informed consent, the College could not
release the information described above because it is classified as private.

I understand that when my education records are released to the person(s) named above and their
representatives, the College has no control over how the records may be used by others.

I understand that, at my request, the College must provide me with a copy of any educational records it
releases to the persons named above pursuant to this consent. I understand that I am not legally obligated
to provide this information and that I may revoke this consent at any time. This consent expires upon
completion of the above-stated purpose or after one year, whichever comes first. If the above-stated
purpose is not fulfilled after one year, I may renew this consent. A photocopy of this authorization may be
used in the same manner and given the same effect as the original documents.

I am giving this consent freely and voluntarily and I understand the consequences of my giving this
consent.

Student Signature ____________________________ Date ____________

[Filled in by Institution]