

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.
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. In the absence of eligible ACT, SAT, MCA and/or ACCUPLACER scores, college and universities may use cumulative high school grade point average (HS GPA). Please contact your high school to have an official transcript sent to us.
7. It is extremely important for you to complete the Free Application for Federal Student Aid - **as soon as possible**. Please go to www.fdlccc.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.fdlccc.edu
Fond du Lac Tribal & Community College is an equal opportunity educator and employer. A member of the Minnesota State Colleges and Universities System.

PERSONAL INFORMATION

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

ADMISSIONS INFORMATION

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

DEMOGRAPHIC INFORMATION

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

E D U C A T I O N A L I N F O R M A T I O N

Do you have a high school diploma? Yes No

High school graduation date: _____

If no, do you have a GED? Yes No

Are you currently in high school? Yes No

High school attended City State Zip

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.

College/University/Institution City State Dates of attendance Degrees earned

College/University/Institution City State Dates of attendance Degrees earned

College/University/Institution City State Dates of attendance Degrees earned

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.

S I G N A T U R E R E Q U I R E D B Y A L L A P P L I C A N T S

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

Applicant's signature _____

Date _____

H I G H S C H O O L P R E P A R A T I O N S T A N D A R D S F O R M I N N E S O T A S T A T E U N I V E R S I T I E S

■ 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)

English Total _____ Years

MATHEMATICS

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

Elementary algebra _____ Years

Intermediate algebra _____ Years

Advanced algebra _____ Years

Geometry _____ Years

Trigonometry _____ Years

Pre-calculus _____ Years

Other _____ Years

Mathematics Total _____ Years

SCIENCES

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

Biological science with lab _____ Years

Physical sciences with lab _____ Years

Physics with lab _____ Years

Chemistry with lab _____ Years

Other with lab _____ Years

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)

U.S. history _____ Years

Geography _____ Years

Other _____ Years

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)

World Language Total _____ Years

ELECTIVES

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

Visual arts _____ Years

Music _____ Years

Theater/Drama _____ Years

Dance _____ Years

Media arts _____ Years

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)

Father's Name _____ Date of Birth _____

Reservation & Band Enrollment _____ (reservation) _____ (state)

Mother's Name _____ Date of Birth _____

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 _____

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.

| | | | |
|----------------------------------|---------------|-------------------|----------------------------|
| Student Name (Last, First, M.I.) | Date of Birth | Student ID Number | Date of Enrollment (Mo/Yr) |
|----------------------------------|---------------|-------------------|----------------------------|

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.

Student's signature _____ Date _____

| | | |
|----------------------|-------|---------------------|
| 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.

Student's signature _____ Date _____

| | |
|-------------------------------------|--|
| 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

| | Mo/Day/Yr | Mo/Day/Yr |
|---|-----------|-----------|
| Tetanus/diphtheria (Td or Tdap) (at least one dose required within past 10 years) | | |
| Measles/mumps/rubella (MMR) (at least one dose required at or after 12 months of age) | | |

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

Student's signature _____ Date _____

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

Physician's signature _____ Date _____

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

Student's signature _____ Date _____

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

Signature of notary _____





Authorization for the Release of Student Information

I, _____, hereby authorize Fond du Lac Tribal and Community College to
(Please Print)

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. State §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 why 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, 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, which ever 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

| | | |
|------------------------|----------------------|-------|
| Office use only | Entered into ISRS on | Staff |
|------------------------|----------------------|-------|