



777 Grandview Drive • Kalispell, MT 59901 • 406-756-3846
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Lincoln County Campus
 225 Commerce Way • Libby, MT 59923 • 406-293-2721

Application for Admission

NON-DEGREE

(Not eligible for financial aid)

Please type or print clearly in ink. Any items left blank will delay processing of your application.

SOCIAL SECURITY NUMBER

_____ - _____ - _____

Campus You Plan on Attending?

- Kalispell Campus
 Libby Campus

First Semester You Plan To Enroll?

- Fall 20____ Spring 20____
 Summer 20____ Sum. ONLY 20____

Full Legal Name: _____

Last Name

First Name

Middle Initial

Nickname

Street Address and PO Box Number

City

State

Zip Code

Phone No. _____ Birth Date: ____/____/____ Male Female (Voluntary)

Email Address _____ Former Name(s) _____

Have you ever taken credit classes at FVCC? Yes No U.S. Citizen? Yes No

Foreign Student: Citizenship: _____ Registered Alien No. _____

RESIDENCY INFORMATION

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 below for parents' status.

- Montana COUNTY of Residence: _____ How long? _____
 If less than 12 months, previous county? _____
- STATE of Residence: _____ How long? _____
 If less than 12 months, previous state? _____
- From what state have you filed your most recent income tax? _____ Tax year: _____
 From what state is your **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 Flathead County full time? Self Yes No Spouse Yes No Parents Yes No
 Employed in Lincoln County full time? Self Yes No Spouse Yes No Parents Yes No
 Employer: _____
 Date Employment Started: _____

EDUCATIONAL INFORMATION

- What is your reason for enrolling in classes at FVCC?
 Move up on salary scale. Personal development.
 Upgrade certificate. Learn new job skills.
 Nurse's Aide. Other _____
 Recreational.
- Do you have specific goals? Explain. _____
- Type of high school certificate: High school diploma - year? _____ GED - year? _____
- Name of High School or GED center _____ State _____
- Have you earned a four year or higher college degree? Yes No
- List ALL colleges/universities/vo-techs previously attended. _____

(If more, attach list)

Student Number

Middle

First

Last

FLATHEAD VALLEY COMMUNITY COLLEGE - APPLICATION FOR ADMISSION

MILITARY INFORMATION

Were you in the armed services? Yes No

Active duty from _____ to _____

Honorable Discharge? Yes No

City/State entered service _____

ETHNICITY (VOLUNTARY)

The information below will not be used for admissions purposes.

The U.S. Department of Education, Office of Civil Rights, requires the institution to report aggregate data about the ethnic background of students. The Montana State University System also requires the institution to report students ethnic background data for tracking purposes. Yes Hispanic No Hispanic

Please mark one or more races:

American Indian or Alaskan Native

Black or African American

Specify Tribal Affiliation _____

Asian

and Reservation (if appropriate) _____

Native Hawaiian or other Pacific Islander

White

SAFETY AND SECURITY (MUST BE COMPLETED)

Montana State law defines a felony as a crime for which more than one year in prison may be imposed.

Suspension is defined as a sanction imposed for disciplinary reasons that results in a student leaving school for a fixed time period, less than permanently. Dismissal from a college for disciplinary reasons is defined as permanent separation from an institution of higher education on the basis of conduct or behavior.

1. Have you ever been convicted of a felony?

Yes No

AND/OR

2. Have you been otherwise institutionalized for threatening or causing physical or emotional injury to persons or property?

Yes No

3. Have you been dismissed and/or suspended from any school for disciplinary reasons?

Yes No

An affirmative response to any of these questions will not automatically prevent admission, but you will be asked by the college to provide additional information. This information will be reviewed by a campus committee to ensure campus safety.

DISABILITY ACCOMMODATIONS - FOR YOUR INFORMATION

This institution is attempting to overcome effects of conditions that have resulted in limited participation in its education programs. Disability accommodation information will be confidential and used only in accordance with federal regulations issued pursuant to Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act.

If you would like assistance with an accommodation for a disability please contact our Disabilities Office at 406-756-3880. TDD 406-756-3881.

I hereby certify, to the best of my knowledge,
all the statements on this form are true.

Applicant's Signature _____

Date _____