



777 Grandview Drive • Kalispell, MT 59901 • 406-756-3846
1-800-313-3822 • www.fvcc.edu • info@fvcc.edu
Lincoln County Campus
225 Commerce Way • Libby, MT 59923 • 406-293-2721

NON-DEGREE

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.

Please indicate if you are: American Indian or Alaskan Native

African American

Specify Tribal Affiliation _____

Asian or Pacific Islander

and Reservation (if appropriate) _____

Hispanic

Caucasian / White Non-Hispanic

SAFETY AND SECURITY (MUST BE COMPLETED)

Have you ever been subject to discipline, suspension or probation at any institution of post secondary education (beyond high school) for reasons not related to academic performance? Yes No If yes, please attach explanation.

Have you ever been convicted of a criminal offense involving physical injury to persons or property or otherwise institutionalized for conduct causing physical injury to persons or property? Yes No

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 _____