



Flathead Valley Community College

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 • 1-877-443-5741

Application for Re-Admittance

Campus You Plan on Attending?

Kalispell Campus Libby Campus

Semester You Plan to Re-enroll

Fall 20__ Spring 20__
 Summer 20__

Last term you attended FVCC? _____

Please type or print clearly in ink.

Any items left blank will delay processing of your application.

SOCIAL SECURITY NUMBER _____ - _____ - _____

Full Legal Name _____

Last Name

First Name

Middle Initial

Nickname

Street Address and PO Box

City

State

Zip Code

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

Email Address _____ Former Name(s) _____

Residency Information

- County of Residence since you last attended FVCC: _____ How Long? _____
- From what state have you filed your most recent income tax? _____ Tax Year: _____
From what state is your current driver's license? _____ Date issued: _____
In what state or county is your vehicle currently registered? _____ Current Year: _____
- Property owner in Montana? Self- Yes No Spouse- Yes No Parents- Yes No County: _____

Degree Information

- What degree/major are you working toward?
 AA AS If earning an A.A. or A.S. (transfer) Degree - major? _____
 AAS Non Degree If earning an A.A.S. (vocational) Degree, program name? _____
 Certificate If earning a certificate, program name? _____
- List ALL colleges/universities/vo-techs attended since you last attended FVCC.

College _____	State _____	Date _____
College _____	State _____	Date _____
College _____	State _____	Date _____
College _____	State _____	Date _____

(If more, attach list)

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 _____

Student Number

Middle

First

Last