

RE-ADMITTANCE

# APPLICATION FOR ADMISSION



**Main Campus**

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

The admission deadline for FVCC classes is one week prior to the start of the semester.

The following sections, except Voluntary Statistical Information, must be completed to be accepted.

**Campus you plan on attending?**

Kalispell  Libby  Online Only

**First semester you plan to Re-enroll?**

Fall 20\_\_  Spring 20\_\_  Summer 20\_\_

Full Legal Name: \_\_\_\_\_  
Last Name First Name Middle Initial Preferred Name

Street Address and PO Box Number City State Zip Code

Phone: \_\_\_\_\_ Text Message Phone:  Same  Other \_\_\_\_\_

*(Please note: Checking "Same" or "Other" with a phone number to "Text Message Phone" affirms your approval of its use by the college for communication with you.)*

Email Address: \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever taken credit classes at FVCC?  Yes  No Former Name(s): \_\_\_\_\_

U.S. Citizen:  Yes  No Country of 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.*

{1} COUNTY of Residence since you last attended FVCC: \_\_\_\_\_ How long? \_\_\_\_\_

{2} 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: \_\_\_\_\_

{3} Property owner in Montana? Self -  Yes  No Spouse -  Yes  No Parents -  Yes  No County: \_\_\_\_\_

## ■ Degree Information



{ 1 } What degree do you plan to earn?

- A.A.    A.S.   If earning an A.A. or A.S. (transfer) Degree, area of study? \_\_\_\_\_
- A.A.S.   If earning an A.A.S. (career and technical) Degree, program name? \_\_\_\_\_
- Certificate   If earning a certificate, program name? \_\_\_\_\_ Required
- Required

{ 2 } List ALL colleges/universities/vo-techs previously attended.

College \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

College \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

College \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

(If more, attach list)

## ■ Safety and Security

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

{ 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 ever been required to register as a sexual or violent offender?  
 Yes    No  
*If you answered "yes" to this question, provide information for EVERY such incident.*

*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.*

{ 4 } 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.*

## ■ Voluntary Statistical Information

▶ Gender:  Male    Female

## ■ Disability Accommodations

*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.*

By turning in this application, the student acknowledges that photo(s)/recording(s) taken of them on campus may be used for marketing purposes in any number of communication vehicles for the promotion of the college and releases all rights or claims in connection with these photo(s)/recording(s). For further information or to opt out, contact the Admissions Office.

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

Applicant's Signature \_\_\_\_\_  
Date \_\_\_\_\_