

# APPLICATION FOR ADMISSION



The admission deadline for FVCC classes is one week prior to the start of the semester.  
*Running Start and Non-Degree students are not eligible for financial aid.*

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

DEGREE SEEKING |  READMITTANCE |  RUNNING START |  NON-DEGREE

**Campus you plan on attending?**

Kalispell  Libby  Online Only

**First semester you plan to enroll?**

Fall  Spring  Summer 20\_\_

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

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} Montana COUNTY of Residence: \_\_\_\_\_ How long? \_\_\_\_\_  
If less than 12 months, previous county? \_\_\_\_\_

{2} STATE of Residence: \_\_\_\_\_ How long? \_\_\_\_\_  
If less than 12 months, previous state? \_\_\_\_\_

{3} 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: \_\_\_\_\_

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

{5} 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: \_\_\_\_\_



## 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
- None / Non-degree / Running Start \_\_\_\_\_ Required

{2} Type of high school certificate:  High school diploma Year \_\_\_\_\_  GED/HiSET Year \_\_\_\_\_

{3} Name of high school or GED/HiSET center? \_\_\_\_\_ State \_\_\_\_\_

{4} Have you earned a four year or higher college degree?  Yes  No

{5} 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

{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

▶ Have either of your parents (or guardian(s)) with whom you reside completed a bachelor's degree?  Yes  No  Unsure

▶ Were you in the armed services?  Yes  No Active Duty from \_\_\_\_\_ to \_\_\_\_\_  
City/State entered service \_\_\_\_\_

*The U.S. Department of Education, Office for Civil Rights, requires the institution to report aggregate data about the ethnic background of students. The Montana University System also requires the institution to report students ethnic background data for tracking purposes.*

▶ Please mark one or more races:

Hispanic or Latino:  Yes  No

American Indian or Alaskan Native Specify Tribal Affiliation and Reservation \_\_\_\_\_

White

Black or African American

Asian

Native Hawaiian or other Pacific Islander

Other \_\_\_\_\_

## 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 \_\_\_\_\_