



WHITE EARTH TRIBAL & COMMUNITY COLLEGE

GAAWAABAABIGANIKAAG GABEGIKENDAASOWIGAMIG

APPLICATION FOR ADMISSIONS CHECKLIST

Admission is not complete until each of these items has been received by the WETCC Admissions Office and the applicant has received a letter of acceptance.

The following items are required of each applicant and forms are included in this packet, unless noted:

- _____ 1. A completed White Earth Tribal & Community College application for admission.
- _____ 2. Official high school transcript or a high school equivalency certificate (GED) issued by a state department of public instruction.
- _____ 3. If a transfer student, OFFICIAL transcripts from other college must be submitted. A small fee may be charged by other college and is the student's responsibility.
- _____ 4. Placement testing (by appointment) at WETCC.
EXCEPTIONS:
 - i. 1) Testing has taken place elsewhere and scores can be provided to WETCC or
 - ii. 2) Transfer students having a "C" grade or better in a 100 level or higher Math and/or English course.
- _____ 5. Tribal enrollment certification if an enrolled member of a recognized tribe (Ethnicity Form).
- _____ 6. Minnesota Department of Health Immunization Form OR Evidence of Immunization (Proof of two Measles Mumps and Rubella (MMR) Immunizations).

If you have questions, please contact the WETCC Admissions office at 218-935-0417

Application must be fully complete upon submission; missing information will delay the admissions process. Allow two to three weeks to process all applications and refer to the academic calendar at <http://www.wetcc.edu> for registration deadline and other information.

It is the student's responsibility to meet with an advisor and sign the necessary forms required for registration. Students should make an appointment with the Financial Aid Office to complete the Financial Aid application. This procedure is vital to the enrollment process and is needed to ensure financial support for payment to WETCC for tuition and fees. The required FAFSA Application may be completed on-line at <http://www.fafsa.ed.gov>. The school code for WETCC is **039214**.

The College is asking you to provide information that includes private and or confidential information under state and federal law. You are not legally required to provide the information the college is requesting; however, the college may not be able to effectively process your application if you do not provide sufficient information. With some exceptions, unless you consent otherwise, this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances federal and state laws authorize release of private information without your consent:

- To other schools in which you seek or intend to enroll, or are enrolled, if you are first notified of the release;
- To federal, state or local officials for purposes of program compliance, audit or evaluation;
- As appropriate in connection with your application for, or receipt of financial aid;
- If the information is sought by a subpoena, court order, or otherwise permitted by other state or federal law; and
- To organizations engaged in educational research or an accrediting agency.

White Earth Tribal & Community College abides by the provision of the Title IX and other state and federal laws forbidding discrimination on the basis of sex, race, color, national origin or handicap and all other state and federal laws regarding equal opportunity.

**PO Box 478
Mahnomen MN 56557**

www.wetcc.edu

**Phone 218-935-0417
Fax 218-936-5814**



WHITE EARTH TRIBAL & COMMUNITY COLLEGE

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APPLICATION FOR ADMISSIONS

Last Name		First Name	Middle Initial	Maiden Name	
Enrolled Federally Recognized Tribe			Tribal ID #	Descendent	
Address				Date of Birth	SSN
City, State, Zip				County	
Phone	Alternative Phone		Email		
Emergency Contact			Emergency Phone	Emergency Alternative Phone	
FIRST GENERATION STUDENT: HAS ANYONE IN YOUR IMMEDIATE FAMILY ATTENDED COLLEGE?					

EDUCATION

High School (name & address)	Graduation Date	State Rec'd GED	Certificate Date
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TRANSFER STUDENTS

(use additional paper/space at end if necessary)

NO OTHER COLLEGES ATTENDED

All transfers students must request ALL collegiate institutions to mail OFFICIAL transcripts directly to WETCC.

College Name	College Address	City, State, Zip	Dates Attended

ADMISSIONS DATA

Expected Enrollment	Expected Entrance	Educational Intent
<input type="checkbox"/> Full-time <input type="checkbox"/> ¾ time <input type="checkbox"/> ½ time <input type="checkbox"/> Less than ½ time	<input type="checkbox"/> 20____ <input type="checkbox"/> Fall (Aug-Dec) <input type="checkbox"/> Spring (Jan-May) <input type="checkbox"/> Summer	<input type="checkbox"/> Earn Associates Degree & transfer <input type="checkbox"/> Complete courses, transfer without degree <input type="checkbox"/> Earn Associates Degree <input type="checkbox"/> Non-Degree <input type="checkbox"/> Audit <input type="checkbox"/> Senior Citizen Waiver <input type="checkbox"/> Culture Waiver <input type="checkbox"/> Faculty/Staff Waiver <input type="checkbox"/> Summer Waiver

By typing or signing my name, I hereby certify that to the best of my knowledge the foregoing information is true and complete without evasion or misrepresentation. I understand that if it is found otherwise, it is sufficient for rejection or dismissal. I agree to abide by the present and future rules and regulations, both academic and nonacademic, and the scholastic standards of WETCC including but not limited to those rules, regulations and standards stated in the catalog. I further acknowledge that if I fail to adhere to these regulations or meet these requirements, my registration may be canceled.

Applicant Signature _____

Date _____

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WHITE EARTH TRIBAL & COMMUNITY COLLEGE

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STUDENT DEMOGRAPHIC INFORMATION FORM

Last Name	First Name	Middle Initial	Maiden/Other Name(s)
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other			
The following information will help the White Earth Tribal and Community College evaluate student recruitment and retention policies and for general statistical reporting. Providing this information is voluntary.			
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Citizenship Status <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other (specify) <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Temporary Protected Status		
Are you Hispanic or Latino (of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture regardless of race)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Race and ethnic background (select any that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White Earth Band of the Minnesota Chippewa Tribe <input type="checkbox"/> Other Tribe (list) _____ <input type="checkbox"/> Direct Descendent (list band) _____ <input type="checkbox"/> Not Tribally Enrolled <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			
Are you a First-Generation Student (neither parent has a Bachelor's Degree)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you be employed while attending school? <input type="checkbox"/> No <input type="checkbox"/> < 20 hours <input type="checkbox"/> 20+ hours	
Are you the Primary Care Provider for elderly family members in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have dependent children? <input type="checkbox"/> Yes # _____ <input type="checkbox"/> No	
Is your primary address within 60 miles of an Indian Reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you live on the White Earth Indian Reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Native American language speaker? <input type="checkbox"/> No <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Fluent			
How were you referred to WETCC? (select all that apply) <input type="checkbox"/> Relative/friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Billboard <input type="checkbox"/> Radio/TV ad <input type="checkbox"/> Internet <input type="checkbox"/> Social Media <input type="checkbox"/> College/Career Fair <input type="checkbox"/> High School visit <input type="checkbox"/> Flyer <input type="checkbox"/> Powwow <input type="checkbox"/> WETCC Event <input type="checkbox"/> Other:			

Student Signature _____

Date _____

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WHITE EARTH TRIBAL & COMMUNITY COLLEGE
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TRANSCRIPT OR GED CERTIFICATE REQUEST

STUDENT: Please send a completed form directly to each high school and college previously attended.

Type of School: (check one) High School College GED Certificate

INSTITUTION

P.O BOX OR STREET ADDRESS

CITY, STATE, ZIP

I HEREBY REQUEST THAT THE FOLLOWING RECORDS/TRANSCRIPTS BE SENT TO:

White Earth Tribal & Community College
 Admissions Office
 PO Box 478
 Mahnomen, MN 56557
 PHONE: 218-935-0417 ext 322 FAX: 218-936-5814

Official Transcripts GED Test Scores/Certificate Immunization Record
 Other _____ Date of Attendance/Year Graduated _____

LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIDEN NAME	
ADDRESS			DATE OF BIRTH	SOCIAL SECURITY NUMBER
CITY, STATE, ZIP			PHONE	ALTERNATIVE PHONE
EMAIL				

I hereby authorize White Earth Tribal & Community College to obtain a copy of my high school and/or college transcripts or GED certificate. A copy of this information will be placed in my permanent file. My signature below authorizes this understanding and releases this information to White Earth Tribal & Community College.

STUDENT SIGNATURE

DATE

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Mahnomen MN 56557 Fax 218-936-5814



WHITE EARTH TRIBAL & COMMUNITY COLLEGE
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INDIAN BLOOD VERIFICATION FORM

COMPLETE TOP OF FORM AND SIGN AND RETURN TO WHITE EARTH TRIBAL & COMMUNITY COLLEGE, PO BOX 478, MAHNOMEN, MN 56557.

LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIDEN	
PERMANENT STREET ADDRESS		CITY	STATE	ZIP
AREA CODE/TELEPHONE	DATE OF BIRTH	STATE OF RESIDENCY		
FATHER'S NAME	DATE OF BIRTH	TRIBAL AFFILIATION		
MOTHER'S MAIDEN NAME	DATE OF BIRTH	TRIBAL AFFILIATION		
NAME ENROLLED UNDER IF DIFFERENT FROM ABOVE				
FIRST GENERATION DESCENDANT: ARE EITHER OF YOUR PARENTS ENROLLED MEMBERS OF A TRIBE?				

I hereby give White Earth Tribal & Community College permission to verify my Indian Blood Quantum.

APPLICANT SIGNATURE _____

DATE _____

I HEREBY CERTIFY THAT THE ABOVE NAMED APPLICANT:

- _____ IS AN ENROLLED MEMBER OF THE MINNESOTA CHIPPEWA TRIBE, WHITE EARTH BAND
- _____ IS A DESCENDENT OF THE MINNESOTA CHIPPEWA TRIBE, WHITE EARTH BAND
- _____ IS A MEMBER OF A FEDERALLY RECOGNIZED TRIBE
- _____ IS A NON-INDIAN

I HEREBY CERTIFY THAT THE ABOVE NAMED APPLICANT IS _____/_____ DEGREE OF MCT INDIAN BLOOD, WHITE EARTH, ACCORDING TO AVAILABLE RECORDS.

CERTIFYING OFFICIAL SIGNATURE _____

Please return to:
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