

# Application for Readmission



**Please mail or Fax:**

**Office of Admissions PO Box 819 Browning, Mt 59417 Fax 406-338-3776 Phone 406-338-5441**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

List any other name under which your records might appear \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: • Male • Female

Are you a citizen of the United States? • Yes • No if no, what is your immigration status? \_\_\_\_\_

High school graduation place and date: \_\_\_\_\_

HiSET/GED date of completion: \_\_\_\_\_ Testing center name: \_\_\_\_\_ City and State: \_\_\_\_\_

List all colleges/universities attended since last enrolled at Blackfeet Community College			
(Name)	(Location)	(Dates)	(Degrees Earned)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Term of Enrollment:  Fall 20 \_\_\_\_  Spring 20 \_\_\_\_  Summer 20 \_\_\_\_

Please indicate your educational goal:

- Associate's degree or Certificate (Indicate field of study) \_\_\_\_\_ (See declaration of major form)
- Non-degree seeking (not pursuing a degree, certificate or financial aid at this institution)
- For personal/professional development
- For transfer to another institution
- For teacher certification
- 2 + 2 Consortium Student      List degree seeking \_\_\_\_\_ List home institution \_\_\_\_\_

<p><b>Associate of Arts Degree</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> AA – Addiction Studies</li> <li><input type="radio"/> AA – Behavioral Health</li> <li><input type="radio"/> AA – Psychology</li> <li><input type="radio"/> AA – Social Work</li> <li><input type="radio"/> AA – Liberal Studies</li> <li><input type="radio"/> AA – Piikani Studies and Language</li> <li><input type="radio"/> Other: _____ Catalog year _____</li> </ul>	<p><b>Associate of Science Degree</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> AS – Accounting</li> <li><input type="radio"/> AS – Business Management</li> <li><input type="radio"/> AS – Elementary Education</li> <li><input type="radio"/> AS – Criminal Justice – Legal Studies</li> <li><input type="radio"/> AS – Environmental Science</li> <li><input type="radio"/> AS – Health Science</li> <li><input type="radio"/> AS – Pre-Engineering</li> <li><input type="radio"/> AS – Hydrology Technician – Pending Funding</li> <li><input type="radio"/> AS – Nursing</li> <li><input type="radio"/> Other: _____ Catalog year _____</li> </ul>
<p><b>Associate of Applied Science Degree</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> AAS – Early Childhood Education</li> <li><input type="radio"/> Other: _____ Catalog year _____</li> </ul>	<p><b>One-Year Certificates/Endorsements</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Behavioral Health Aide – 1-year certificate</li> <li><input type="radio"/> Blackfeet Legal Studies – 1-year certificate</li> <li><input type="radio"/> Early Childhood Development – 1-year certificate</li> <li><input type="radio"/> Record Information Management – 1-year certificate</li> <li><input type="radio"/> Agri-Business – 1-year certificate</li> <li><input type="radio"/> Hydrology Technician Aide – Pending Funding</li> <li><input type="radio"/> GIS/GPS – Pending Funding</li> <li><input type="radio"/> Other: _____ Catalog year _____</li> </ul>

**Please select your major:**

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## Disability Information

If you have a disability and may require accommodations, please submit a confidential written request for disabilities accommodations. Written documentation of the disability is required. All documentation will be confidential and used only in accordance with federal regulations; Section 504 of the Rehabilitation Act and Americans with Disabilities Act.

BCC Disabilities coordinator  
Beaver Painted Lodge – Student Success Center  
P.O. Box 819  
Browning, Mt 59417  
(406) 338-5421 Extension 2233

**Safety and Security** – All applicants must answer the following questions.

Have you ever been convicted of a felony (please include instances of deferred sentencing)? • **Yes** • **No**  
*A felony in Montana State Law is defined as a crime for which more than one year in prison may be imposed.*

Have you been subjected to court-ordered confinement for threatening or causing physically or emotional injury to persons or property? • **Yes** • **No**

Have you ever been disciplined, suspended from, or placed on probation at any educational institution for non-academic 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 a permanent separation from an institution of higher education on the basis of conduct or behavior. • **Yes** • **No**

Have you ever been required to register as a sexual or violent offender? • **Yes** • **No**

*If you answered “yes” to any of the above questions, please provide and explanation with this application. Failure to do so will delay the processing of your application.*

An affirmative response to any of these questions will not automatically prevent admission, but you will be asked by BCC to provide additional information. This information will be reviewed by a campus committee to ensure campus safety. Any falsification or omission of data may result in a denial of admission or dismissal.

I hereby certify, to the best of my knowledge, the information on this application for readmission is true and complete, without evasion or misrepresentation. I understand that, if it is later found otherwise, it is sufficient cause for rejection or dismissal.

**Date of application** \_\_\_\_\_

**Applicant’s Complete Legal Signature** \_\_\_\_\_

If my application of readmission is approved, I agree to abide by the present and future rules and regulations both academic and non-academic, and the scholastic standards of the appropriate institution, its colleges, schools, departments and institutes, including, but not limited to those rules, regulations and standards stated in both the undergraduate and graduate catalogs, I further acknowledge that, if I fail to adhere to these regulations or meet these requirements, my registrations may be cancelled.

**Date of application** \_\_\_\_\_

**Applicant’s Complete Legal Signature** \_\_\_\_\_