LITTLE BIG HORN COLLEGE
Admissions/Registration
1 Forestry Lane, Box 370
Crow Agency, Mt 59022
Phone: (406) 638-3100
Fax: (406) 638-3169

Name: ______________________________________ Student ID: _________________

Admissions Checklist for Student File

Must Submit Requested Documents to Admission before registering for classes.

______ Completed Little Big Horn College Application

______ Signed Declaration of Major (Date Received to Register ______________)

______ Signed Zero Tolerance Form

______ Certificate of Indian Blood-or Tribal ID, Proof of Dependency (If applicable)

______ Official High School Transcripts (Date Received to Register ______________)
   (High School transcripts will need to be mailed to LBHC from the High School with an official seal, Registrar Signature, and date of graduation)
   Preliminary Received: __________ Request Form Sent to High School: __________

______ Official GED Scores (Date Received to Register ______________)
   (Official GED Scores will need to be mailed to LBHC from the GED testing center with Seal and Signature) Request Form Sent to Office of Public Instruction (OPI): ______

______ Official College Transcripts (Date Received to Register ______________)
   (Required from all Transfer Students from all Colleges/Universities previously enrolled; all official transcripts will need to be mailed to LBHC directly from the College/University previously attended.)

______ Required Immunizations (Please be sure 2 MMR’s are on form when submitting to Admissions)

______ Copy of Social Security Card

______ Copy of Compass Scores
   (Please see Salena Hill regarding Compass Testing 406-638-3140 or email her at hills@lbhc.edu)

Revised August 2, 2016
Little Big Horn College does not discriminate in admission, or the provision of services, nor employment policies on the basis of race, gender, national origin, marital status, creed, religion, color, age, or physical, or mental disability.

Term of Enrollment:  ☐ Fall  ☐ Spring  ☐ Summer, Year___________ (Please select a term)

Mail to:  Office of Admissions  ●  Little Big Horn College  ●  PO Box 370  ●  Crow Agency, Mt. 59022

For More Information about Admissions Contact: 406-638-3116 or email mccormickm@lbhc.edu

Personal Information: Please Print Clearly and answer every question or application will be considered incomplete

NAME (as shown on Social Security Card):

_________________________________________________________________ _________________________________________

Last Name  First Name  Middle Initial

Other Name(s) used: ____________________________________________

Social Security Number: ______-____-_______

We ask that you voluntarily provide this number which permits LBHC to distinguish between individuals of the same or similar names. This is especially important should you request a transcript at a later date or wish to be considered for financial aid.

Birthdate: ______/______/_______ (Month/Day/Year)  Gender:  ☐ Male  ☐ Female

Status:  ☐ Single  ☐ Single w/Dependant Children  ☐ Married No Children  ☐ Married w/Dependant children

Contact Information:

Mailing Address*: ____________________________________________

__________________________________________________________

City  State  Zip Code

*Note: this is where all mail will go, so please notify the Admissions office of any updates or changes*

Home Number: (_____)(_____)__________________  Cell Number: (_____)(_____)__________________

E-mail: ____________________________________________

Emergency Contact: Name: ____________________________  Phone Number: (_____)(_____)__________________

Office use:

____________________________________________________________________________________

Stamped date Received:  Student ID: ________________________
Please indicate all races that apply among the following:

- American Indian or Alaskan Native (specify primary tribal affiliation)
- Black or African American
- Hispanic/Latino
- Asian (specify country of origin)
- Other (please specify)
- White (Non-Hispanic)
- Race/Ethnicity unknown
- Native Hawaiian or other Pacific Islander (please specify)

If Crow indicate your district:________ Clan:________ Child of:________

Can you speak or understand your Native Language? □ No □ Limited □ Conversational □ Fluent

Primary Language: □ English □ Crow □ Other Language:________ Are you bilingual? □ Yes □ No
In what Languages:________

Are you a first generation student? □ Yes □ No
Are you responsible for an elderly member in your household? □ Yes □ No
Have you participated in a head start Program? □ Yes □ No
Are you a Military Veteran? □ Yes □ No (If you answered yes please complete the following questions)

Type of service: □ Veteran of:________________________
- Active Duty with: □ Air Force □ Army □ Coast Guard □ Marines □ Navy
- National Guard:________________________
- Reserves:________________________
- ROTC:________________________

Service Begin Date:______________ Service End Date:______________ Exits Status:________________________

Benefits Program:________________________ Selective Service Registration Status:________________________

Financial Aid ISIR Information:________________________

Residency:

Are you a legal resident of the State of Montana? □ Yes □ No (If you marked no please fill out the bottom questions)

State/country of residency:________________________, Resident of State/Country Since:________________________

Primary Residence Address:________________________ City:________________________ Zip Code:______________
**Education Information**

**Name & Address of High School:** ______________________________________________________

City: ___________________, State: ______ Zip Code: ____________, Date of Graduation: ____________

**Name & Address of Adult Learning Center:** ________________________________________________

City_____________________, State: ______ Zip Code: __________, Date High Set was received: __________

*Support is provided for students with physical, sensory, and learning disabilities. Students are encouraged to visit with the Student Success Center (SSC) to arrange appropriate accommodations. Would you like SSC to contact you? (Note: All information is confidential)  YES  NO*

**Plan of Attendance:**  FULL Time Student  PART Time Student  (Please check one)

- **First Time Freshman** (Never attended college before)

- **Former LBHC Student:** Indicate the last semester you attended LBHC: Semester: __________ Year: __________

- **Transfer Student:** if you have attended or are attending a college or university, you must provide the following information for each institution, whether or not credit was earned. If you do not wish to use credits earned from previous college(s), provide a written statement stating that you don’t want to use credits from other college(s); with your signature and date.

<table>
<thead>
<tr>
<th>College/University</th>
<th>Location</th>
<th>Attendance Period</th>
<th>Degree/credits</th>
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Were you ever suspended or dismissed for academic reasons from any of the colleges/universities listed above? Yes  No (If you marked yes please describe): *Do not leave question blank

	______________________________________________________________________________________________________

	________________________________________________________________________________________________________

**Interest of Degree and or Certificate:** * Please do not leave questions blank

- **Associate of Science**  - **Associate of Arts**  - **One Year Certificate**  - **Non Degree Seeking**  - **Other:** ____________

Major(s): of interest:

(1) _____________________________________________________________ (2) _____________________________________________________________

If you are not seeking a degree or a certificate why are you applying at Little Big Horn College? (For example: For personal/professional development, credits to transfer to another institution, for teacher certification, etc.)

	____________________________________________________________________________________________________________

	____________________________________________________________________________________________________________

	____________________________________________________________________________________________________________

	____________________________________________________________________________________________________________

3
**Required Safety and Security Information:** (All applicants must complete this section)

1. **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.

2. **Have you ever been subjected to court-ordered confinement for threatening or causing physical or emotional injury to persons or property?**  
   - Yes  
   - No  

3. **Have you ever been disciplined, suspended from or placed on probation at any educational institution for nonacademic reasons?**  
   - Yes  
   - No  
   
   Suspension is defined as a sanction imposed for disciplinary reasons that results in a student leaving school for a specified time period. 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 ever been required to register as a sexual or violent offender?**  
   - Yes  
   - No  

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**If you have physical, sensory or learning disability that should be brought to the attention of this institution, please submit a CONFIDENTIAL request for services through the Dean of Student’s Office.**

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 found otherwise, it is sufficient cause for rejection or dismissal. If my application for admission is approved, I agree to abide by the present and future rules and regulations, both academic and nonacademic, and the scholastic standards of Little Big Horn College, its colleges, schools, departments and institutes 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.

If I enroll at Little Big Horn College, I agree to pay all tuition, fees, fines, and debts to the college that may be incurred by me. I understand that LBHC will take action against me to collect any unpaid debts, including withholding of registration, transcripts and assignment of the debt for collection and I will be responsible to pay any costs incurred to collect the debt.

**Applicant’s complete legal signature:** ______________________________  
**Date:** __________________

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**Office Use:**

**Date entered into Jenzabar:**  
**Staff Initials:** _____  
**Student ID:** ______________

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*Revised May 31, 2016*
Print Name: __________________________________________ Student ID: ____________________

Please place a check in front of your MAJOR AREA OF STUDY or CERTIFICATE PROGRAM.
(If undecided about major or interested on majoring in more than one field please number your first 3 selections 1 being your first choice)

BUSINESS
____ Associate of Arts in Business Administration
____ Associate of Arts in Business Administration: Small Business Management Option

CROW STUDIES
____ Associate of Arts in Crow Studies
____ Associate of Arts in Crow Studies: Native American Studies Option

EDUCATION
____ Associate of Arts in Education: Elementary Education Option
____ Associate of Arts in Education: Early Childhood Education Option

HUMAN SERVICES
____ Associate of Arts in Human Services
____ Associate of Arts in Human Services: Addiction Counseling Option
____ Associate of Arts in Human Services: Psychology Option

INFORMATION SYSTEMS
____ Associate of Applied Science in Information Systems: Information Technology Option

LIBERAL ARTS
____ Associate of Arts in Liberal Arts

MATHEMATICS
____ Associates of Science in Mathematics
____ Associates of Science in Mathematics: Pre-Engineering Option

SCIENCE
____ Associate of Science in Science: Community Health Option
____ Associate of Science in Science: Environmental Health Option
____ Associate of Science in Science: Natural Resources/Environmental Science Option
____ Associate of Science in Science: Tribal Natural Resources/ Environmental Science Option
____ Associate of Science in Science: Biology Option
____ Associate of Science in Science: Pre-Medical Option
____ Associate of Science in Science: Life Science/Pre-Nursing Option
____ Associate of Science in Agriculture: Rangeland Ecology and Management Option
____ Associate of Science in Agriculture: Livestock Management Program (PILOT PROGRAM)

DIRECTED INDIVIDUALIZED STUDIES
____ Associate of Arts in Directed Individualized Studies Program

ONE YEAR CERTIFICATE
____ One Year Certificate: Business: Accounting Assistant (PILOT PROGRAM)
____ One Year Certificate: Education: Early Childhood (PILOT PROGRAM)
____ One Year Certificate: Crow Studies: Tribal Management
____ One Year Certificate: Information Systems: Information Technology Assistant
____ One Year Certificate: Information Systems: Office Assistant
____ One Year Certificate: Highway Construction (PILOT PROGRAM)
____ One Year Certificate: Welding Technology & Fabrication (PILOT PROGRAM)

NON-DEGREE SEEKING

ADVISORS SIGNATURE: __________________________________________ DATE: ____________

PREVIOUS ADVISORS SIGNATURE: __________________________________________ DATE: ____________
(Signature required when changing your major)

STUDENT SIGNATURE: __________________________________________ DATE: ____________

Office Use

Date Received in Registrar: _________________ Staff Initial: _________________ Revised August 10, 2016
*** Little Big Horn College has established a ZERO TOLERANCE for violence and drug related activity and use. The LBHC Drug Free Workplace Task Force has established a policy that requires violence and drug free behavior from all faculty, staff, and students, within the campus boundaries. This means there will be several unannounced canine searches and constant surveillance of all persons on the college campus. All faculty, staff, students and community members will be subject to search.

Drug and violence related activity will be dealt with by expulsion and referral for arrest. LBHC complies with the federal Drug Free Workplace Act. Consider Little Big Horn College’s President’s Executive Order of October 6, 1998.

Signature: ___________________________ Date: ____________________

BOOKBAGS  CARS  CABINETS
PICKUPS  PURSES  DESKS
LOCKERS  PILL BOXES
SHELVES  MAKEUP BAGS
SUITCASES

For more information, call LBHC student services at
(406) 638-3106