DAWSON COMMUNITY COLLEGE INFORMATION AND ENROLLMENT SHEET

ADVISOR USE ONLY
Degree / Cert. Program _____

OFFICE USE ONLY
Classification: _____
Amount Paid: _____
Date: _____
Receipt #: _____

Former and Non-Degree Student Application Current Semester ( ) Year ( )

INSTRUCTIONS: Please complete all of the following items as completely as possible.

_____ _____
Social Security No. Last Name (please print) First Middle

Have you ever attended Dawson Community College before: ( ) Yes ( ) No

If yes, under same name: ( ) Yes ( ) No, specify _____

Other college previously attended: _____ Current major field of study: _____ * SEX: ( ) M ( ) F

* MARITAL STATUS: ( ) Single ( ) Married ( ) Widowed ( ) Divorced

* ETHNIC GROUP: ( ) Caucasian ( ) Native American ( ) Black ( ) Asian ( ) Spanish ( ) Foreign

DATE OF BIRTH: _____ / _____ / _____ / PLACE OF BIRTH: _____

HIGH SCHOOL GRADUATED FROM: _____ YEAR: _____

PERMANENT RESIDENCE: ( ) Dawson County ( ) Other Montana County _____ ( ) Out of State _____

LOCAL ADDRESS: _____
Street City State Zip Telephone

PERMANENT ADDRESS: _____
Street City State Zip

E-MAIL ADDRESS_____

List the courses you intend to register for in the proper spaces printed below.

Dept.	Course No.	Course Title	Credits	Audit (A)/ Repeat (R)	Time	Days					Room	Instructor
						M	T	W	TH	F		
		TOTAL CREDITS										

BOSS Printing, Glendive, MT / M134-DCCEnroll **(Rev. 8-05)**

_____ _____
Student Signature Advisor Signature
* Optional