



**NON-DEGREE  
APPLICATION FOR ADMISSION  
And ENROLLMENT FORM**  
*(Not eligible for financial aid)*

**PLEASE TYPE OR PRINT CLEARLY. ALL FIELDS ARE REQUIRED.**

**A. PERSONAL DATA**

1. Full Legal Name \_\_\_\_\_  

Last Name
First Name
Middle
Previous Last Name(s)
2. Permanent Mailing Address \_\_\_\_\_  

Street or PO Box
City
State
Zip
3. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
4. Birthdate \_\_\_\_\_ SSN OR DCC Student ID# (D16) \_\_\_\_\_ o Male o Female  
MM / DD / YYYY
5. Student E-mail \_\_\_\_\_
6. Have you ever attended Dawson Community College before? o Yes o No  
 If yes, under same name? o Yes o No - Please specify: \_\_\_\_\_
7. Racial/Ethnic Information (This information is optional to comply with federal guidelines and will not be used in determining admissions status):
  - A. What is your ethnicity?
    - Not Hispanic/Latino
    - Hispanic/Latino
  - B. What is your race? (Select one or more categories)
    - American Indian or Alaska Native
    - Black/African American
    - White/Caucasian
    - Asian
    - Native Hawaiian/Pacific Islander
8. Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Country of Citizenship \_\_\_\_\_  
 If not a U.S. citizen, are you a permanent resident alien of the United States? o Yes o No

**B. RESIDENCY CLASSIFICATION**

The information you provide will be used to assess your residency status for tuition and fee purposes only and has no effect on admission.

Does your parent or legal guardian claim you as a federal income tax exemption? o Yes o 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? \_\_\_\_\_ How long? \_\_\_\_\_
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** - o Yes o No **Spouse** - o Yes o No **Parents** - o Yes o No County: \_\_\_\_\_
5. Employed in Dawson County full-time? **Self** - o Yes o No **Spouse** - o Yes o No **Parents** - o Yes o No  
 Employer: \_\_\_\_\_  
 Date Employment began: \_\_\_\_\_

**C. REGISTRATION**

Year/Term enrolling: \_\_\_\_\_ Year  Fall  Spring  Summer Are you planning to take classes online? Yes \_\_\_\_\_ No \_\_\_\_\_

CRN#	Subject	Course Number	Section	Course Title	Credit Hours	Audit?
50084	WRIT	101	1	College Writing I	3	<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No

**NON-DISCRIMINATION STATEMENT**

Dawson Community College does not discriminate on the basis of creed, race, religion, gender, national origin, age, disability, veteran status, genetic information, pregnancy status, marital status, gender identity or expression, or sexual orientation with respect to access, employment, programs, or services. The College is in compliance with Executive Order 11246; Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972; Title IX regulation Implementing Educational Amendments of 1972; Section 504, Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990; the 1991 Civil Rights Act; the Age Discrimination in Employment Act of 1967, as amended; the Vietnam Era Veterans’ Readjustment Assistance Act of 1974; Title 49, the Montana Human Rights Act; and all other federal, state, and college rules, laws, regulations and policies. Inquiries or complaints concerning these matters should be brought to the attention of John Bole, Director of Student Learning and Engagement, Title IX Coordinator. Telephone: (406) 377-9416. Email: jbole@dawson.edu. Office: 117 Library. Mailing Address: John Bole, Title IX Coordinator, 300 College Drive, Glendive, MT 59330.

\_\_\_\_\_  
**Student Signature** \_\_\_\_\_  
**Date**  
 Pre-requisite levels must be met through COMPASS placement testing in order to register for certain courses (see catalog). To schedule a COMPASS test contact the Academic Support Center at 406-377-9415. Remote testing at alternate test sites is available.