1. Have you ever attended another college or university? ( ) Y ( ) N - If yes, please submit official transcripts to the registrar’s office.
2. Are you responsible for caring for an elderly family member? ( ) Y ( ) N
3. Do you speak an American Indian language? ( ) Limited ( ) Conversational ( ) Fluent
4. Did your father earn a bachelor’s degree? ( ) Y ( ) N
5. Did your mother earn a bachelor’s degree? ( ) Y ( ) N
6. Did you attend a Head Start program as a child? ( ) Y ( ) N
7. I am: ( ) Single with no children ( ) Single with dependent children
   ( ) Married with no children ( ) Married with dependent children

OFFICE OF THE REGISTRAR
CHIEF DULL KNIFE COLLEGE
REQUEST FOR NON-DISCLOSURE OF DIRECTORY INFORMATION

The items listed below are designated as directory information and may be released for any purpose at the discretion of the university registrar. Under the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, you have the right to withhold the disclosure of this directory information to non-university personnel:

- NAME
- TELEPHONE NUMBER
- CLASS
- FULL-TIME/PART-TIME STATUS
- ENROLLMENT VERIFICATION
- ADDRESS
- DATES OF ATTENDANCE
- MAJOR
- HONORS STATUS
- DEGREE VERIFICATION

PLEASE NOTE: Under the provisions of FERPA, Chief Dull Knife College is required to release information in certain circumstances as required by law.

Once this completed form has been received, all directory information will be withheld until such time that you notify the Office of the Registrar via signed, written request that you wish to have the “confidential” status removed. This means that if you have a hold on your directory information all business must be conducted in person with photo identification or via written, signed authorization.

Please carefully consider the effects of your decision to request “confidential” status. After doing so, please initial by each statement indicating that you understand and agree to the following:

_____ Any questions I have about my status, account, or academic changes must be made in person with a photo ID. The university will not be able to do any business with me regarding my account over the phone or email. This includes but is not limited to: password resets, financial transactions, dropping and adding classes, requesting enrollment verifications for insurance purposes.

_____ My name and information will NOT be included in any publications regarding honors, awards, or graduation.

_____ Friends or relatives trying to reach me in case of an emergency will not be able to do so.

_____ Information that I am a student here will be suppressed so that information requests from prospective employers regarding my degree or attendance will be denied.

_____ Regardless of the effects upon me, the university assumes no liability for honoring my request for non-disclosure of my directory information.

________________________________________________________________________

Student Name:________________________________________ ID Number:________________________

Student Signature:____________________________________ Date:________________________

Employee Reviewing Document With Student:________________________________________
Application for Admission
Chief Dull Knife College

Thank you for taking an interest in Chief Dull Knife College. We are delighted that you are completing this application for admission. To complete the process of evaluation we need the following items:

- A complete application form.
- A copy of your high school transcript or GED certificate (plus college transcripts if applicable).
- Evidence of immunization.
- Tribal enrollment certificate if applicable.

Direct all items to the Admission Office:
Chief Dull Knife College
P.O. Box 98
Lame Deer, Montana 59043

Application For:  □ Fall  □ Spring  □ Summer  20_______
Class Status:  □ Incoming freshman  □ Incoming transfer  □ Full Time  □ Part Time

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<thead>
<tr>
<th>Last name</th>
<th>First name (no nickname)</th>
<th>Middle name</th>
<th>Maiden name</th>
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Mailing Address  
City  
State  
Zip  
Home Phone

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<th>Age</th>
<th>Birth Date</th>
<th>Social Security Number</th>
<th>Ethnic Background (optional)</th>
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Tribal Affiliation  
Are you a U.S. Citizen?  □ Yes  □ No  If no, Country:  
Are you a veteran?  □ Yes  □ No  If Yes, dates of service:  

Name of High schools and Colleges Attended  
Location  
Dates Attended  
Degrees Earned

<table>
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<th>Academic interests or intended major</th>
<th>Will you be applying for financial aid?</th>
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<td>(1)</td>
<td>□ Yes</td>
</tr>
<tr>
<td>(2)</td>
<td>□ No  If NO, how will you be financing your education at CDKC?</td>
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<th>Career or vocational goal:</th>
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</thead>
<tbody>
<tr>
<td>(1)</td>
</tr>
<tr>
<td>(2)</td>
</tr>
</tbody>
</table>

Will you be a degree-seeking student at C.D.K.C.? Yes / No  If yes, check one of the following:  □ A.A. □ A.S. □ A.A.S.  or  □ Certificate  

I certify that I have answered all questions accurately and to the best of my knowledge and if admitted to Chief Dull Knife College, I agree to abide by all rules and regulations.

Date  
Signature of Applicant

Chief Dull Knife College admits students of any race, color, age, sex, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, age, sex, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.