

Please send this application and non-refundable \$20 application fee directly to:
Hibbing Community College

APPLICATION HIBBING COMMUNITY COLLEGE

a technical & community college



1515 East 25th Street, Hibbing, Minnesota 55746

218-262-7200

1-800-224-4422

(TDD: 218-262-7294)

E-mail: admissions@hcc.mnscu.edu

www.hcc.mnscu.edu

APPLICATION FOR ADMISSION

- Please print or type. Complete the form accurately. Misrepresentation of application information is sufficient grounds for canceling admission.
- A one-time \$20 non-refundable application/records fee must be included with your application.**
- All applicants must sign the application form in the box provided on page 2.
- Official** high school, college and technical college transcripts must be submitted to the Office of Admissions.

Once the above items have been submitted and approved, you will receive the following:

1. Acceptance letter
2. A scheduled date and time for assessment testing and registration (required of all new entering students)

NOTE: The college/university is asking you to provide information that includes private and/or confidential information under state and federal law. The college/university is asking for this information in order to process your application.

You are not legally required to provide the information the college/university is requesting; however the college/university may not be able to effectively process your application if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent:

- to other schools in which you seek or intend to enroll, or are enrolled, if you are first notified of the release;
- to federal, state or local officials for purposes of program compliance, audit or evaluation;
- as appropriate in connection with your application for, or receipt of, financial aid;
- to your parents, if your parents claim you as a dependent student for tax purposes;
- if the information is sought with a subpoena, court order, or otherwise permitted by other state or federal law, and
- to an organization engaged in educational research or accrediting agency.

Minnesota State Colleges and Universities abide by the provisions of Title IX and other federal and state laws forbidding discrimination on the basis of sex, race, color, national origin or handicap and all other state and federal laws regarding equal opportunity. This document can be made available in alternate formats, such as large print or cassette tape, upon request.

PERSONAL DATA

OFFICE USE ONLY

Name (Last, First, Middle)

Date received

Name used in high school records or in other educational records and transcripts if different from above (Optional) (Last, First, Middle)

Date accepted

Social Security Number

Many colleges/universities use social security numbers for student identification purposes on student records. Providing your social security number is voluntary. If you do not provide this number, your application will still be processed. This data is requested for purposes of administration, program evaluation and consumer data. Your number also may be used to create summary information about MnSCU programs through the data matches with other state agencies.

Current Mailing Address (House/Apartment Number, Street, P.O. Box/Rural Route) City State Zip Code County

Permanent Address, If Different From Above (Street, P.O. Box/Rural Route) City State Zip Code County

Home Phone

Business Phone

E-mail Address

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()

Are you a resident of Minnesota?

If yes, how long?

If no, what state are you a resident of?

Yes No

_____ years _____ months

Are you a U.S. citizen?

Permanent Resident (If Applicable)

Yes No If not, type of VISA: _____

Refugee Resident Alien Other: _____

ADMISSIONS DATA

Course of study, major or curriculum you plan to follow (e.g.: engineering, law enforcement, automotive, liberal arts, etc.)

Please write "undecided" if you have not decided on a specific major, then indicate any alternatives you are considering:

What is your current educational intent at Hibbing Community College?

_____ Complete courses, but not a degree*

_____ Earn associate degree and transfer

_____ Earn an occupational certificate/diploma

_____ Complete courses and transfer without a degree

_____ Earn associate (two year) degree

*May not be eligible for financial aid

What term do you intend to begin taking courses at Hibbing Community College?

_____ Fall, _____ Spring, _____ Summer, _____
Year Year Year

Do you plan to attend: _____ Full-time (12+ credits) _____ Part-time(Less than 12 credits)

Are you a high school student planning to take college courses under the Minnesota Post-Secondary Enrollment Options Program (PSEOP)?

_____ Yes _____ No (If yes, please contact your high school counselor)

EDUCATIONAL DATA

Do you have a high school diploma? _____ Yes _____ No

If no, do you have a GED? _____ Yes _____ No

If no, will you have earned your high school diploma or your GED before you start taking classes at this college?

_____ Yes _____ No

Last (or current) high school attended:

(High School Name) (Address) (City) (State) (Zip)

Names of all colleges/universities/institutes you have attended: City/State Dates Attended Major Number of Credits Completed Degree Earned

1. _____
2. _____
3. _____
4. _____

SIGNATURE REQUIRED BY ALL APPLICANTS

All of the information included is true and complete to the best of my knowledge.

Applicant's Signature

Date

IMMUNIZATION RECORD FOR STUDENTS

Name (Last, First, Middle Initial)

Social Security Number

Minnesota Law (M.S. 135A.14) requires proof that all students born after 1956 are vaccinated against diphtheria, tetanus, measles, mumps and rubella, allowing for certain specified exemptions (see below). Any non-exempt student who fails to submit the required information within 45 days after first enrollment cannot remain enrolled. This form is designed to provide the school with the information required by the law and will be available for review by the Minnesota department of Health and the local health agency.

_____ **Check here if you were born before 1957 for the age exemption**

All other students who are not age-exempt: Complete parts 1, 2, 3, and/or 4

PART 1**STUDENTS GRADUATING FROM A MINNESOTA SCHOOL IN 1997 OR LATER**

I have previously met the MMR & Td requirements because I graduated from a Minnesota high school in 1997 or later.

Applicant's Signature

Date

PART 2**TRANSFER STUDENT FROM ANOTHER MINNESOTA COLLEGE**

I am exempt from these requirements because my admission records indicated I have met the requirements as an enrolled student in another post-secondary school in Minnesota.

Applicant's Signature

Date

Name of previous Minnesota College: _____ Dates of enrollment: _____ to _____

PART 3**STUDENTS WHO GRADUATED FROM A MINNESOTA HIGH SCHOOL PRIOR TO 1997 OR STUDENT FROM OUT-OF-MINNESOTA**

	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Tetanus/Diphtheria (Td) at least one dose required within past 10 years _____				
Measles/Mumps/Rubella (MMR) at least one dose required at 18 months _____				

I certify that the above information is true and accurate statement of the dates on which I was vaccinated.

Applicant's Signature

Date

PART 4**OTHER EXEMPTION(S)**

Medical Exemption: The student named above does not have one or more of the required immunizations because he/she has (check all that apply and fill in the appropriate blanks):

_____ a medical problem that precludes the _____ vaccine

_____ not been immunized because of a history of _____ disease

_____ shown to have laboratory evidence of immunity against _____

Physician's Signature

Date

CONSCIENTIOUS EXEMPTION: I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.

Applicant's Signature

Date

Subscribed and sworn before me this _____ day of _____, 20 _____.

Signature of Notary

REQUEST FOR CONFIDENTIAL INFORMATION

Gender Male Female

Are you Hispanic or Latino (a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)?
 Yes No

Race and ethnic background (select any that apply)

American Indian or Alaska Native - A person having origins in any of the original peoples of North, Central or South America and who maintains tribal affiliation or community attachment

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent

Black or African American - A person having origins in any of the black racial groups of Africa

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa

What is the highest level of education for your parent(s) / guardian(s)?

Please respond for the parent(s), step-parent(s), adoptive parent(s) or guardian(s) who raised you. Check only one box for each parent/guardian.

PARENT/GUARDIAN #1:

<input type="checkbox"/> No high school diploma	<input type="checkbox"/> Some college	<input type="checkbox"/> Bachelor's degree or higher
<input type="checkbox"/> High school diploma	<input type="checkbox"/> Two-year college degree/diploma	<input type="checkbox"/> Not sure/don't know

PARENT/GUARDIAN #2:

<input type="checkbox"/> No high school diploma	<input type="checkbox"/> Some college	<input type="checkbox"/> Bachelor's degree or higher
<input type="checkbox"/> High school diploma	<input type="checkbox"/> Two-year college degree/diploma	<input type="checkbox"/> Not sure/don't know



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A member of Minnesota State Colleges & Universities System

An Equal Opportunity Educator And Employer

HIGH SCHOOL/GED TRANSCRIPT RELEASE PERMISSION

NOTE TO APPLICANT:

Tear off, sign and send or give directly to the last high school attended. Your transcript cannot be sent without signed permission. Or, you may leave this attached and we will send it to your high school.

I, (STUDENT NAME) _____

hereby request: _____

(LAST HIGH SCHOOL ATTENDED - INCLUDE CITY AND STATE)

to send a high school transcript, GED record, and/or IEP to:



Hibbing Community College

A TECHNICAL AND COMMUNITY COLLEGE

1515 East 25th Street

Hibbing, Minnesota 55746

Applicant's Signature

Date

TRANSCRIPT INFORMATION:

Name Used on School Transcript

Year Graduated or Last Attended

Date of Birth

Social Security Number

(This information will be used only to verify the correct identity of the student)

Parent's Signature (if under 18)

Date

NOTE TO SCHOOL PERSONNEL: Send all transcripts and/or IEPs directly to the Hibbing Community College. Please copy this release and return it with the transcript. Keep the original release for your records.