

Post Secondary Enrollment Option

College in the Schools

Both

What term do you intend to begin taking courses? (Check only one and indicate the year)

Fall _____

Spring _____

Summer _____

APPLICATION FOR ADMISSION



Central Lakes College

A COMMUNITY & TECHNICAL COLLEGE

TTY users may call 218-855-8224

www.clcmn.edu

Brainerd Campus
501 West College Drive
Brainerd, MN 56401
1-800-933-0346 or 218-855-8037

Staples Campus
1830 Airport Road
Staples, MN 56479
1-800-247-6836 or 218-894-5100

OFFICE USE ONLY

DATE RECEIVED _____

DATE ACCEPTED _____

APPLICATION FEE PAID _____

Personal Data

Name (Last, First, Middle)

Date of Application

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

Social Security Number

CLC uses Social Security numbers for student identification purposes on student reports. 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 and alumni data. Your number also may be used to create summary information about CLC programs through data matches with other state agencies.

Current Mailing Address (House/Apartment Number, Street, P.O. Box)

City

State

Zip Code

County

Permanent Address, if Different From Above (Street, P.O. Box)

City

State

Zip Code

County

Home Phone

Cellular Phone

Email 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

_____ years _____ months

Are you a U.S. citizen?

Permanent Resident (if applicable)

Yes No If not, type of visa: _____

Refugee Resident Alien Other _____

(international students and non-immigrants must complete a separate application form)

Request For Confidential Information

Providing the following information is voluntary. This information will assist Central Lakes College in evaluating student recruitment and retention policies; it will not be used as a basis for admission

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

No high school diploma High school diploma Some College Two-year college degree/diploma Bachelor's degree Not Sure/don't know

Parent/Guardian #2

No high school diploma High school diploma Some College Two-year college degree/diploma Bachelor's degree Not Sure/don't know

Educational Data

Do you have a high school diploma? Yes No High School graduation date / planned date: _____

If no, do you have a GED? Yes No Are you currently in high school? Yes No

High school attended: City State Zip

List any other post-secondary institution attended (official transcripts from each institution attended must be sent directly to the Admissions Office of the college):

College/University/Institution	City	State	Dates of Attendance	Degrees Earned	GPA 2.0 or Higher
					<input type="checkbox"/> Yes <input type="checkbox"/> No

College/University/Institution	City	State	Dates of Attendance	Degrees Earned	GPA 2.0 or Higher
					<input type="checkbox"/> Yes <input type="checkbox"/> No

College/University/Institution	City	State	Dates of Attendance	Degrees Earned	GPA 2.0 or Higher
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you a high school student planning to take college courses under the Minnesota Post-Secondary Enrollment Options program (PSEO)? Yes No

If yes, please contact your high school counselor and also the admissions office of the college you plan to attend.

Signature Required For All Applicants

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

Applicant's Signature _____ Date _____

X _____

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

You are not legally required to provide the information; however, Central Lakes College 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 an 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 is available in alternative formats to individuals with disabilities by calling 1.800.933.0346 or 1.218.855.8128 or TTY 1.218.855.8224 (Brainerd Campus) or 1.800.247.6836 or 1.218.894.5150 or TTY 1.218.894.5032 (Staples Campus) or through the Minnesota Relay Service at 1.800.627.3529.

DIRECTIONS:

- Complete Application for Admission. Print or type form accurately. Misrepresentation of information is sufficient grounds for canceling admission. All applications must be signed.
- Assessment will be completed 30 days after acceptance. Contact specific campus to schedule date.
- Students applying for the programs with selective admissions criteria may be required to complete additional tests for admissions purposes. Students who do not meet the standards for admissions into a certain program may enroll in developmental courses designed to help them qualify.
- Special Enrollment Applications.
Please call 800-247-6836, 218-894-5100 or Email admissions@clcmn.edu to receive application instructions for the following:
 - International Application - Post-Secondary Options Applicant (PSEO) - Practical Nursing Applicant - Registered Nursing Applicant - Heavy Equipment Applicant