SAGINAW CHIPPEWA TRIBAL COLLEGE
Admissions Questionnaire

The admissions questionnaire must be completed prior to registration.

Semester: _____

Year: _____

Student's Name: _____ Social Security No: _____

Check one:

☐ Non-degree ☐ Associate of Arts: Native American Studies

☐ Associate of Arts: Business ☐ Associate of Arts: General Studies ☐ Associate of Arts: undecided

Check one:

☐ Regular first time student ☐ Transfer student ☐ Special Admission status

Check one:

☐ Full-time student ☐ Part-time student

Last college attended, if any: _____

Emergency contact

Name: _____ Phone: _____

Student's mailing address:

Name: _____ Phone: _____

Address: _____

City / State / Zip _____

Student's permanent address: (if different)

Name: _____ Phone: _____

Address: _____

City / State / Zip _____

Responsible billing party: ☐ Self ☐ SCIT Higher Ed scholarship ☐ Other _____

Billing party's mailing address:

Name: _____ Phone: _____

Address: _____

City / State / Zip: _____

Student's Personal Information:

Date of Birth: _____ Age: _____ Gender: _____

Driver's License Number: _____ Disability: ☐ Yes ☐ No

Veteran: ☐ Yes ☐ No Number of Dependents: _____

Martial Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Employment Status: ☐ Full-time ☐ Part-time ☐ Unemployed

Race (optional): ☐ Asian ☐ Black ☐ Canadian First Nations ☐ Hispanic

☐ American Indian / Alaska Native ☐ SCIT member ☐ White

Please list tribal affiliation, if any: _____

If enrolled in a Tribe / Band, please list enrollment number: _____

Country of citizenship: _____

Student's High School / GED Information: (required for degree programs)

Graduation date: _____ GED date: _____

High School / Testing Center Name: _____

Address: _____

City / State / Zip _____

I certify that the information I have given on this questionnaire is complete and accurate to the best of my knowledge.

Student's signature: _____ Date: _____