

\$20 Application Fee required (Make check payable to Hibbing Community College)

APPLICATION for ADMISSIONS

Note: The college or 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; to federal, state and 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.

PERSONAL DATA

Name (last, first, middle, former): _____ **DOB*** ____/____/____

Current Address: _____
House/Apartment Number/Street/PO Box/Rural Route City State Zip Code County

Permanent Mailing Address: _____
(if different from current address) House/Apartment Number/Street/PO Box/Rural Route City State Zip Code County

Home Phone: (____) _____ **Email:** _____

Cell Phone: (____) _____ **Social Security Number*:** _____ - _____ - _____

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

Are you a resident of Minnesota? ___ Yes ___ No

If yes, how long? ___ Years ___ Months

If no, of which state are you a resident? _____ How long? ___ Years ___ Months

Are you a U.S. citizen? ___ Yes ___ No If no, please complete the following:

Are you a permanent resident? ___ Yes ___ No If yes, please check the correct status:

___ Resident Alien ___ Refugee ___ Asylee

If you are not a citizen or permanent resident alien, indicate the type of visa you have: _____

(Students who will require school sponsorship for an F, M or J visa must complete a separate application obtained from the college or university.)

ADMISSIONS DATA

Your anticipated COURSE OF STUDY OR MAJOR: _____
(e.g.: law enforcement, automotive, nursing, engineering, liberal arts, undecided, etc.)

What is your current educational intent at Hibbing Community College: ___ Complete courses, but not a degree

___ Earn Associate A.A. (two-year) degree and transfer

___ Earn Associate A.A.S. (two-year) degree

___ Earn occupational certificate, diploma

___ Complete courses and transfer without a degree

Application for: ___ Fall Semester 20 ___

___ Spring Semester 20 ___

___ Summer Semester 20 ___

Do you plan to attend: ___ Full time (12 or more credits)

___ Part time (fewer than 12 credits)

Are you now serving, or have you ever served, in the United States Armed Forces?

___ Yes ___ No If yes, are you now, or have you ever served, on Active Duty? Dates: ___/___/___ to ___/___/___

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)

Activities/Interests: (optional) Please list _____

EDUCATIONAL DATA

Please check which applies to you:

___ I have a high school diploma High School Graduation Date _____

___ I have completed a GED Year Obtained (Passed) _____

___ I have NOT earned my high school diploma or GED, but will before I start taking classes at HCC.

Last (or current) high school attended: _____
Name Address

Please list any college, university, or technical schools you have attended:

Institution Name City/State Dates Attended Credits Completed Degree Earned

1. _____

2. _____

3. _____

4. _____

Official high school, college and technical transcripts must be submitted to the office of admissions.

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) Name _____

Address _____

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



HIBBING

COMMUNITY COLLEGE

1515 East 25th Street
Hibbing, MN 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 applicant is under 18) _____

Date _____

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

Start your college experience at Hibbing Community College and get a great education!

Whether you're interested in an associate degree or a specific career program, you'll take courses that count.

In addition to completing the application, other items necessary for admission include.

_____ **\$20 Application Fee**

_____ **Immunization Form**

_____ **High School Transcript**

Mailed directly from your high school.

_____ **GED Scores**

Mailed directly from the Department of Education in the state where the GED was received.

_____ **College Transcripts from any non-MnSCU institution**

Mailed directly from the Registrar

For more information:

Admissions Office
1515 East 25th Street
Hibbing, MN 55746

218.262.7247

1.800.224.4422

admissions@hibbing.edu

www.hibbing.edu



www.hibbing.edu

IMMUNIZATION RECORD FOR STUDENTS

Minnesota Law (M.S. 135A.14) requires proof that 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.

Immunization Records Please check the requirement you meet. (Need only meet one requirement.)

____ I was born before 1957 for the age exemption (Continue on to the request for confidential information below)

____ I graduated from a Minnesota high school in 1997 or later (Continue on to the request for confidential information below)

____ 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. Name of previous MN College: _____ (Continue on to the request for confidential information below)

____ I graduated from a Minnesota high school before 1997. (Complete the requested medical information below)

____ I am a student from out-of-Minnesota. (Complete the requested medical information below)

____ If you have a medical or conscientious exemption to providing immunization, please check here to have an exemption form sent to you. (Continue on to the request for confidential information below)

Requested Medical Information

	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				

REQUEST FOR CONFIDENTIAL INFORMATION

Providing the following information is voluntary. This information will assist Minnesota State Colleges and Universities in evaluating the 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 the 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 or higher __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 or higher __not sure / don't know

WHO or WHAT prompted your interest in Hibbing Community College? (Check all that apply)

__Parents __Relatives __Friends __Counselor __HCC Student __HCC Alumnus __HCC Representative __HCC Instructor visited my class __HCC web site

__Mailed information __HCC Literature __Newspaper advertising __Television advertising __Radio advertising __Other: _____

SIGNATURE REQUIRED BY ALL APPLICANTS

I certify that the information that is included on this application and in all admissions application materials is true and complete to the best of my knowledge.

Applicant's signature

Date

MAIL TO: Hibbing Community College/Admissions Office
1515 E. 25th Street, Hibbing, MN 55746

Email: admissions@hibbing.edu

Phone: (218) 262-7200 1-800-224-4422 TDD (218) 262-7204

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