

Post Secondary Enrollment Option

College in the Schools

Both

INFINITY ONLINE

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

( ) \_\_\_\_\_

( ) \_\_\_\_\_

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



# Data Enrollment Form - CIS

Please return to: Janet Gontarek  
Central Lakes College  
501 West College Drive  
Brainerd, MN 56401

This information is collected on all students accepted at our college. Complete the form by filling in the blanks or by checking the correct response.

### ***Student Information***

Program Major \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ 20\_\_ E-Mail \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Former Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

### **Current Address and Phone**

### **Permanent Address and Phone:**

Street, Rural Route, P. O. Box \_\_\_\_\_

Street, Rural Route, P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Telephone Number \_\_\_\_\_ County \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Telephone Number \_\_\_\_\_ County \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_

### **Emergency Contact Person:**

Name: \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Please complete if applicable:

Company: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work County: \_\_\_\_\_

Work City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Size:      1 - 20      21-50      51-100      Over 100 Employees

*Please mark all that apply:*

*Single Parent*                      *Displaced Worker/Homemaker*

### **Racial/Ethnic Origin:**

*Native Hawaiian      Black/African American      American Indian/Alaskan Native*  
*Hispanic (Latin/South American)      White (non-Hispanic)      Asian or Pacific Island*

**Military Service:** *Are you a military service member who has served or is currently serving in the armed forces, to include the National Guard and or Reserve Component?*      Yes      No

*Are you a spouse or family member of a person who has served or is currently serving in the armed forces, to include the National Guard and or Reserve Component?*      Yes      No

**Disabled:**      Yes      No      Disability \_\_\_\_\_

Central Lakes College is committed to providing equal education/employment opportunities to all persons and does not discriminate on the basis of race, religion, creed, color, national origin, gender, ancestry, sexual orientation, age, marital status, disability, reliance on public assistance or against any other recognized protected class. This information is available in alternative format upon a 48 hour advance request by contacting Disability Services at 1-800-933-0346, Ext. 8128



**Records and Registration**



**Authorization for the Release of Student Information**

Brainerd Campus  
Records and Registration  
501 West College Drive  
Brainerd, MN 56401-3900  
1-800-933-0346 or 218-855-8031  
FAX # 218-855-8269

Staples Campus  
Records and Registration  
1830 Airport Road  
Staples, MN 56479-0099  
1-800-247-6836 or 218-894-5126  
FAX # 218-894-5185

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, SSN or Tech ID#: \_\_\_\_\_ hereby authorize Central Lakes College

To release the student records described below about me to: (Example: Parent name/s)\_\_\_\_\_

The specific records covered by this release are: (Example: Academic grades, tuition payments, etc., or all records)\_\_\_\_\_

The persons to whom this information may be released, and their representatives, may use this information for the following purposes: (Example: Student success, etc.)\_\_\_\_\_

I understand that the student records listed above include information about me which is classified as private under Minnesota Statute § 13.32 and the federal Family Education Rights and Privacy Act. I understand that by signing this Informed Consent form I am authorizing Central Lakes College to release to the persons named above and their representatives information which would otherwise be private and not accessible to them. I understand that without my informed consent, Central Lakes College could not release the information described above because it is classified as private.

I understand that when my student records are released to the persons named above and their representatives, Central Lakes College has no control over the use the persons named above or their representatives make of the records which are released.

I place the following restrictions on the use of the persons named above and their representatives may make of this information while it is in their custody and control: (None)\_\_\_\_\_

I understand that, at my request, Central Lakes College must provide me with a copy of any student record it releases to the persons named above pursuant to this consent. I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time. This consent expires upon completion of the above stated purpose. A photocopy of this authorization may be used in the same manner and with the same effect as the original documents.

I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**NOTICE**

This information is disclosed to you only on the condition that you will not disclose the information to any other party without the prior consent of the subject of the data. You, your officers, your agents, and your employees may use this information only for the purpose or purposes for which disclosure has been made.