



# APPLICATION FOR ADMISSION

Remember to include \$35 application fee

Student ID

for institutional use only

Return completed form to the LRSC Admissions Office, 1801 College Drive North, Devils Lake ND 58301-1598

Have you previously applied for admission to Lake Region State College?  Yes  No

Have you previously attended Lake Region State College?  Yes  No If yes, list last date attended: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Will you be registering for courses from more than one North Dakota University System institution?  Yes  No

1. Legal name: \_\_\_\_\_  
last first middle former (if applicable)

2. SS# 1: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 3. Gender 2:  Male  Female

4. Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Place of birth: \_\_\_\_\_  
month day year city state county country (if not USA)

5. Are you a U.S. citizen?  Yes No  If no, in what country do you hold citizenship? \_\_\_\_\_

6. If not a U.S. citizen, are you a permanent resident?  Yes  No If yes, alien registration number \_\_\_\_\_

7. Race 2:  White  Native American/Native Alaskan  African American/Black  Asian/Pacific Islander  Hispanic/Non-Black

8. Mailing address: \_\_\_\_\_  
street/PO box apt city state zip

\_\_\_\_\_ county country telephone email

9. Parent/Guardian: \_\_\_\_\_

Parent/Guardian address: \_\_\_\_\_  
street/PO box apt city state zip

\_\_\_\_\_ county country telephone Guardian email

10. Year and term you plan to enter: Year 20\_\_\_\_\_  fall  spring  summer  other (explain) \_\_\_\_\_

11. Check the option which best describes your current educational goal:  
 Complete courses but not a degree  Earn an Associate Degree  Earn Associate Degree and then transfer  
 Earn a Certificate Diploma (circle one)  Complete courses and transfer  Undecided

12. Academic major: \_\_\_\_\_ If undecided, check here:

13. Indicate delivery method/location through which you will be taking courses:  
 On campus  Online  Both on campus and online  Off-campus site (location) \_\_\_\_\_

14. Do you intend to be:  full-time (12 or more credits)  part-time (fewer than 12 credits)

15. Last high school attended: \_\_\_\_\_  
\_\_\_\_\_ city state graduation date or \_\_\_\_\_ GED completion date

16. Do you now or have you live(d) in North Dakota?  Yes  No If yes, list years (e.g. 1988-present or 1985-1997) \_\_\_\_\_  
If no or not currently a ND resident, in what state are you a resident? \_\_\_\_\_ List years \_\_\_\_\_  
If you have lived in ND less than one year, in what state did you most recently reside? \_\_\_\_\_ List years \_\_\_\_\_

17. Indicate the date (month/year) you took or plan to take either the ACT or SAT: ACT \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ SAT \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Continued on next page)

<sup>1</sup> Disclosure of your Social Security Number is voluntary. SSNs are used as individual ID numbers for record-keeping and administrative purposes. Failure to provide a SSN may cause delays in administrative services, such as financial aid.

<sup>2</sup> This information is requested for statistical purposes only and will not affect the status of your application. The information will not be used in a discriminatory manner, and your response is voluntary.

18. Are you the spouse or dependent of a graduate of a North Dakota public institution of higher education ?  Yes  No

If yes, which institution(s)? \_\_\_\_\_

19. Are you a member or veteran of the armed services?  Yes  No If yes, will you apply for veterans/MGIB benefits?  Yes  No

20. Are you an active duty member or spouse/dependent of an active duty member of the armed forces or a ND National Guard unit?  Yes  No

21. Have you attended or are you currently enrolled in any other colleges or universities?  Yes  No

List all colleges, universities, and schools attended, whether or not credit was earned. Include college credits earned while in high school. Note: Failure to list ALL colleges, universities, and schools previously attended may result in denial of admission, rescision of admission, dismissal, loss of credit(s), or other appropriate sanctions.

Institution	Locate (city/state)	Dates of attendance	Degree(s) earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand the information presented on both sides of this form will be used in evaluating my application for admission to Lake Region State College. I certify that all statements are complete and true as of this date. If this information changes, I will notify the Admissions Office of the changes and understand that my admission status will be re-evaluated at that time.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**FERPA Release Form—For more information, visit [www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html)**

Disclosure of student educational records is governed by policies developed by Lake Region State College in compliance with state law and the Family Educational Rights and Privacy Act of 1974 as amended (FERPA). Lake Region State College maintains the following educational records which contain information directly related to students:

- Application material submitted by the student or sent to Lake Region State College at student's request
- Financial Aid material submitted by the student or sent to Lake Region State College at student's request
- Account payment cards and receipts
- Records pertaining to academic or training achievement, including transcripts and grade reports
- Instructor recommendations.

Student records are on file in appropriate LRSC offices and are accessible only to persons having legitimate interests as defined in Public Law 93-380.

The content of each record falls into one of two categories: public directory information and non-public information. Non-public student record information may not be released without written consent from the student or from a parent of a dependent student. As allowed by law, the college may release the public directory information listed below:

- Name, address, and telephone listing
- Name and address of parents
- Date and place of birth
- Major field of study
- Participation in officially recognized activities
- Weight and height of members of athletic teams
- Dates of attendance
- Degrees and awards received
- Most recent previous institution attended
- Classification a freshman or sophomore or special student
- Email address

I, (print full name here) \_\_\_\_\_, the undersigned, hereby authorized Lake Region State College to release the following educational records upon request (please check):  Academic records/transcripts  Financial records

Name(s) of individuals to whom I wish to release information (please print):

Name	Relationship	Personal identifier (birthdate or SSN)
_____	_____	_____
_____	_____	_____
_____	_____	_____

I acknowledge by my signature that I understand although I am not required to release my records to this/these individual(s), I am giving my consent to release the information as indicated. I understand that this release remains in effect until I revoke such consent and the revocation is delivered in writing to Lake Region State College. I also understand that if I am under 18 years of age, or a dependent for tax purposes, Lake Region State College may disclose such information to parents and legal guardians regardless of my consent.

Student signature \_\_\_\_\_ Date \_\_\_\_\_ SSN or Student ID \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ SSN or Student ID \_\_\_\_\_  
(if student is under 18 years of age)