Admission Application
Limited Entry Programs

Blue Mountain Community College
2411 NW Carden, P.O. Box 100
Pendleton, OR 97801
(541)278-5759 Service Center
(541)278-5871 Fax
www.bluecc.edu

Instructions:

1. Indicate below which program you are applying for admission to. You must check ONE of the following boxes:
   Certificate Programs: ❑Dental Assisting Technician
   A.A.S. Degree Programs: ❑Nursing

2. Complete, sign, date and return form with application packet to: Blue Mountain Community College, **Attn**: Registrar.

Providing your social security number is voluntary. If you provide it, the college will use your social security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your social security number will not be given to the general public. If you choose not to provide your social security number, you will not be denied any rights as a student. Providing your social security number means that you consent to the use of the number in the manner described.

Social Security Number	**BMCC ID Number**	**DISCLOSURE- May we release Directory Information?** ❑ Yes ❑ No	
Last Name (full legal name)	**First Name (full legal name)**	**MI**	**Former Last Name**
Mailing Address	**City**	**State**	**Zip**
Phone: ( ) -	**County:**	**Email Address: @**	
Gender: ❑Male ❑Female ❑Prefer not to answer	**Date of Birth:** M/DD/YYYY / /19	**Citizenship Status:** ❑US Citizen ❑Eligible Non-Citizen ❑Other	
Will you have lived in Oregon for 90 days before classes begin? ❑Yes ❑No If NO- Legal State of Residency: _____	**Are you a veteran?** ❑Yes, Vietnam Era ❑Yes ❑No	**Is English your second language?** ❑Yes ❑No	

High School Attended: **Name of School**:_____ City:_____ State:_____
Did You Graduate:
❑ Yes Date of Graduation: _____ (example. June 1976)
❑ No Did you receive a GED? ❑Yes ❑No Year GED awarded: _____Location: _____

Colleges Attended: Indicate all colleges attended and dates of attendance (attach list if more than 2 colleges)

Other College Name:_____ **Dates of Attendance:**_____

Other College Name:_____ **Dates of Attendance:**_____

Ethnicity: Do you consider yourself to be Hispanic or Latino? ❑ Yes ❑ No	**Race:** In addition, select one or more of the following racial categories to describe yourself. ❑ American Indian or Alaska Native ❑Asian ❑ White ❑ Black or African American ❑ Native Hawaiian or Pacific Islander

Persons having questions about or requests for special needs and accommodation should contact the Service Center at Blue Mountain Community College, 2411 N.W. Carden, Pendleton, OR. 97801, Phone 541-278-5759 or TDD 541-278-2174. Contact should be made 72 hours in advance of event.
For disclosure information, please visit our website.

By signing this form, I consent to apply for admission to Blue Mountain Community College.

Student Signature: Date: _____/_____/20_____

Blue Mountain Community College is an equal opportunity educator and employer.