



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:

- Indicate below which program you are applying for admission to. You must check ONE of the following boxes:
 - Less than 1 Yr Certificate: Welding
 - Certificate Programs: Dental Assisting Technician
 - AAS Degree Programs: Diesel Technology Nursing
 - Stand alone courses: CDL Welding
- Term & Year applying for: Summer (Jun-Aug) Fall (Sep-Dec) Winter (Jan-Mar) Spring (Mar-Jun) Year: 20__
- Complete, sign, date and return form 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? <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Last Name (full legal name)		First Name (full legal name)		MI	Former Last Name
Mailing Address			City	State	Zip
Phone: () -		County:		Email Address:	
				@	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer		Date of Birth: M/DD/YYYY / /19		Citizenship Status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Other	
Will you have lived in Oregon for 90 days before classes begin? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO- Legal State of Residency: _____		Are you a veteran? <input type="checkbox"/> Yes, Vietnam Era <input type="checkbox"/> Yes, <input type="checkbox"/> No		Is English your second language? <input type="checkbox"/> Yes <input type="checkbox"/> No	
High School Attended: Name of School: _____ City: _____ State: _____					
Did You Graduate: <input type="checkbox"/> Yes Date of Graduation: _____ (example. June 1976) <input type="checkbox"/> No Did you receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Race: In addition, select one or more of the following racial categories to describe yourself. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> 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____