MILES COMMUNITY COLLEGE

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2715•DICKINSON•MILES CITY•MT•59301
1-800-541-9281•1-406-874-6217•1-406-874-6214
www.milescc.edu

NON-DEGREE (1-9 CREDITS) STUDENT APPLICATION

INSTRUCTIONS: Please complete all of the following items as completely and legibly as possible.

NAME: ____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER: ________-______-________ E-MAIL ADDRESS: ______________

HAVE YOU EVER ATTENDED MILES COMMUNITY COLLEGE BEFORE? ( )YES ( )NO
IF YES, UNDER SAME NAME: ( ) YES ( ) NO-specify ____________________
MAJOR: ____________________

SEX: ( ) Female ( ) Male MARITAL STATUS: ( )Single ( )Married ( )Widowed ( )Divorced

ETHNIC GROUP: ( )Caucasian ( )Native American ( )Black ( )Asian ( )Hispanic ( )Foreign
DATE OF BIRTH: ______/_____/_____

PERMANENT RESIDENCE: ( ) Custer County
( ) Other Montana County ____________________
( ) Out of State ____________________

HIGH SCHOOL GRADUATED FROM: ____________________
YEAR OF GRADUATION: 19___ OR 20___

LAST COLLEGE ATTENDED (if applicable): ____________________

YOUR LOCAL ADDRESS: ____________________
PERMANENT ADDRESS: ____________________
(Street) (City/State/Zip Code)

TELEPHONE NUMBER: (____) ____________

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DEPT#	SECT#	COURSE TITLE	CREDIT	AUDIT
_____	_____	____________________	( )	( )
_____	_____	____________________	( )	( )
_____	_____	____________________	( )	( )

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(THIS SECTION IS FOR OFFICE USE ONLY)

Form of Payment: ________ Cash ________ Check (#______) ________ Money Order
( )MC ( )VI Credit Card #____________________
Expiration Date ______________ Billing Address and Zip Code ______________
3-Digit Number listed on the back of the card __________

INTIALS: ______ DATE: ______