

TURTLE MOUNTAIN COMMUNITY COLLEGE

PO BOX 340

BELCOURT, NORTH DAKOTA 58316

PHONE: (701) 394-6060

NAME OF AGENCY ENROLLED

AGENCY: _____

CITY, STATE, AND ZIP: _____

Dear Enrollment Officer,

Please send an official copy of my enrollment and degree of Indian blood to:

**Office of Admissions
Turtle Mountain Community College
PO Box 340
Belcourt, ND 58316
Or email it to: tmccadmissions@tm.edu**

(Please Print)

Name: _____
 First Middle Last (Maiden)

Birthday: _____ Social Security Number: _____

Student Mailing Address: _____

Signature: _____ Date: _____