

Saint Regis Mohawk Tribe Education Division
College & Career Services Semester Profile Form

***** NEW STUDENTS *****

First Name, Last Name, MI: _____ Date: _____

Last 4 digits of SSN: _____ Primary Phone: _____

Full Mailing Address: _____

E-mail: _____ School E-mail: _____

Semester/Term (select one):

Fall Winter Spring Summer Online

Degree (select one): Associates (2yr) **Semester Status** (select one): Full-time

Bachelors (4yr) Part-time

Masters **Semester Start Date:** _____

Doctoral **Academic Year:** _____

Current College: _____

Major: _____ **Est. Grad Date:** _____

If you are a transfer student, what college are you transferring from?

Next semester credits: _____ **Term GPA:** _____ **Overall GPA:** _____

DEADLINES DO NOT CHANGE:
JULY 15 – Fall Semester
DECEMBER 31 – Spring Semester
Send **COMPLETED** applications to education@srmt-nsn.gov as **Adobe Acrobat (.pdf)** or **JPEG (.jpg)**

Documents Needed for New Students:

- Completing the **Tribal Learning Assistance Program Application** for Services
- Submitting the **College and Career Semester Profile Sheet**
- A copy of your High School Diploma, GED, or official transcript from your High School
- If applicable, copies of degrees/ certifications/ licenses
- Copy of acceptance letter from the college or university you will attend
- First semester schedule
- FERPA Release of Information (attached)

****** Any questions e-mail education@srmt-nsn.gov or call 518-358-9721******

FERPA Release of Information

Family Education Rights and Privacy Act, I 1974

Under the Family Educational Rights and Privacy Act (FERPA), the Saint Regis Mohawk Tribe Education Division is permitted to disclose information from your education records to your parents.

Please check the appropriate box:

Yes. I consent to the disclosure of any personally identifiable information from my education records to my parent(s), guardian(s) or advocate(s) for reasons determined by the Saint Regis Mohawk Tribe Education Division as appropriate. This authorization will remain in effect for the school year you will be attending at college/university.

No. I do not consent.

Applicant Name (PRINT)

Applicant Signature

Date

If you checked "Yes" above, please fill out name(s) of your parent(s) below that you would like to disclose your information to:

1. Parent/Guardian/Advocate's Name

Address

City, State/Province, Zip/Postal Code

Telephone

2. Parent/Guardian/Advocate's Name

Address

City, State/Province, Zip/Postal Code

Telephone

71 Margaret Terrance Memorial Way
Akwesasne, New York 13655

Phone: (518) 358-9721

Fax: (518) 333-5034

www.srmt-nsn.gov

Working Together Today to Build a Better Tomorrow

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