Elder Student Checklist

Fill out online Application entirely: Click Here!

Submit to Admissions all **OFFICIAL** documents, these include:

1. Fill out the Elder Tuition Waiver and submit it to the Business Office (located in Cedar Hall Building, Room 211).

2. Copy of State and Tribal ID

3. Official High School Transcripts ("*Request for Educational Records*" attached form) **OR** GED Transcripts ("*GED Records Request*" attached form)

4. Transcripts from other Colleges

5. If enrolled in a tribe, submit a Certificate of Indian Blood/Descendancy Certificate (non-enrolled). If non-native, no additional documentation is needed.

6. Immunization form

7. Accuplacer Placement Tests (if applicable)

Elders are classified as non-degree seeking students over the age of 55 and are eligible for ONE tuition free class per semester. If the student wishes to become a degree seeking student at any time, they must go through the Admissions process that best fits their academic journey and submit all required documentation.

Elders must submit a new Tuition Waiver form each semester they enroll in classes

If you have any questions, please contact Admissions by email at admissions@lltc.edu , by phone, or by simply stopping by Student Services in Cedar Hall Building, Room 207!

Admissions – 218-335-4218
Business Office – 218-335-4206
Student Services – 218-335-4220
Student Services FAX – 218-335-4217
LLTC's Main Office – 218-335-4200
6945 Little Wolf RD NW, Cass Lake, MN 56633
www.lltc.edu

Tuition Waiver Request Form

LEECH LAKE TRIBAL COLLEGE
6945 Littlewolf Road NW
Cass Lake, MN 56633
Phone (218) 335-4200
Fax (218) 335-4217

The waiver of tuition applies to basic tuition costs only and does not cover the payment of additional fees such as registration and laboratory fees. Those who receive a tuition waiver must meet Leech Lake Tribal College's Satisfactory Academic Progress:

1. 2.0 Cumulative Grade Point Average
2. 67% completion of all credits attempted

The Tuition Waiver Request Form must be completed every semester. The Financial Aid Office must receive the completed form by the first day of class.

STUDENT INFORMATION

Last 4 SSN: _____ Student ID: _____ Date of Birth: _____

Name: _____
Last First MI

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____

Email: _____

Semester / Year: ☐ Fall _____ ☐ Spring _____ ☐ Summer _____

Select One	Eligibility Category	Credits per Semester
☐	Elder (55+)	Up to 4
☐	Employee	Up to 4
☐	Child of Employee	Up to 12
☐	Grandchild of Employee	Up to 12

Name of Employee: _____

Student Signature: _____ Date: _____

LLTC Supervisor signature: _____ Date: _____
(For staff only)

FOR OFFICE USE ONLY:

Financial Aid Specialist Signature: _____ Date: _____

Comments: _____

Approved ☐ Denied ☐ Date Received: _____

Director of Finance Signature: _____ Date: _____

Revised 7/29/2025

General Educational Development (GED) Records Request

To obtain GED records earned in Minnesota, please supply the information required below. There is no charge for the service at this time. Requests for records are mailed out within 5-7 business days of receipt of the written request and take 7-10 days to arrive in the mail.

Note: Only one duplicate printed diploma is allowed for each Minnesota graduate per lifetime.

Please Type or Print Legibly

Request date:_____

Name:_____

Name at time of testing (if different):_____

Date of birth:_____ Last four digits of your Social Security Number:_____

Approximate year tested:_____

Where tested (center / city name):_____

Contact information (in case we have questions about your request/records):

Phone:_____ Phone type (enter Cell, Home or Work):_____

Email:_____

Request type: ____Duplicate Diploma x____Official Transcript/scores earned

Indicate below how and where should records be sent?

x____By email: ____Same email as above.____Other email (enter different name and email below)

Name: Admissions Coordinator

Email address: admissions@lltc.edu

____By US Mail: Name:_____

Address:_____

City:_____State:_____ZIP code:_____

Signature (required): _____

If signing digitally: by checking this box, I certify that typing my name is equivalent to my signature. ☐

Send requests using any of these methods:

- E-mail a scanned signed copy (as an attachment): mde.abe@state.mn.us
- Fax: 651-582-8458
- Mail to: GED Records – Minnesota Department of Education, 400 NE Stinson Blvd., Minneapolis, MN 554113

REQUEST FOR EDUCATIONAL RECORDS FORM

Please complete this form fully and return it to the Admissions Coordinator, housed within the Student Service department. A copy can be emailed to admissions@lltc.edu.

Student's Full Name	
Maiden/Other Name (If None, Write N/A)	
Last 4 of Student's Social Security #	
Phone Number	
Date of Birth	
Mailing Address	
City and State, Zip Code	
Name of High School Graduated From	
Month and Year of Graduation	
City and State of High School	

X Student's Signature _____ Date _____

Please make sure the transcript includes:

- Graduation Date
- Signature of school official
- a Minnesota Automated Reporting Student System (MARSS) number if applicable.

Please send Official High School Transcript by mail, fax, email, or other means to:

Leech Lake Tribal College, Attn: Admissions
6945 Little Wolf Rd NW
Cass Lake, MN 56633

Fax: (218) 335-4220
Email: admissions@lltc.edu

REQUEST FOR TRIBAL ENROLLMENT VERIFICATION FORM

Please complete this form fully and return it to the Admissions Coordinator, housed within the Student Service department. A copy can be emailed to admissions@lltc.edu.

Student's Full Name	
Maiden/Other Name (If None, Write N/A)	
Last 4 of Student's Social Security #	
Phone Number	
Date of Birth	
Tribe Student is Enrolled With	
Student's Mother's Full Name	
Tribe Mother is Enrolled With	
Student's Father's Full Name	
Tribe Father is Enrolled With	

X Student's Signature Date

The student listed above has applied for admission to Leech Lake Tribal College. This is a request to verify tribal enrollment.

- If the student is an enrolled member of your tribe, please send supporting documentation.
- If the student is a descendant of your tribe, not enrolled, or does not have supporting documents to claim Descendancy, please email admissions@lltc.edu and notify us.

If there are any questions, please call the Admissions Coordinator at (218) 335-4218.

Please send Tribal Certificate of Indian Blood or supporting documentation to:

Leech Lake Tribal College, Attn: Admissions
6945 Little Wolf Rd NW
Cass Lake, MN 56633

Immunization Record for
Students Attending Post-Secondary Schools in Minnesota

Students: **Return this completed form to the post-secondary school you will be attending before enrolling.**

Student Name (Last, First, M.I.)	Date of Birth	Student ID Number	Date of Enrollment (Mo/Yr)

Minnesota Law (M.S. 135A.14) requires proof that all students born after 1956 are vaccinated against diphtheria, tetanus, measles, mumps, and rubella, allowing for certain specified exemptions (see below). Any non-exempt student who fails to submit the required information within 45 days after first enrollment cannot remain enrolled. This form is designed to provide the school with the information required by the law and will be available for review by the Minnesota Department of Health and the local health agency.

☐ Check here if you were born before 1957 for the age exemption. If you were, you don't have to complete the rest of this form; however you still must return this form to your school.

All other students who are not age-exempt: Complete parts 1, 2, 3, and/or 4 below.

Part 1: *Students graduating from a Minnesota high school in 1997 or later*

I have previously met the MMR (measles, mumps, rubella) and Td (tetanus, diphtheria) or Tdap (tetanus, diphtheria, pertussis) requirements because I graduated from a Minnesota high school in 1997 or later.

Student's signature _____ Date _____

Name of high school:	City:	Date of graduation:

Part 2: *Transfer student from another Minnesota college*

I am exempt from these requirements because my admission records indicate I have met the requirements as an enrolled student in another post-secondary school in Minnesota.

Student's signature_____ Date _____

Name of previous Minnesota college:	Dates of enrollment: from _____ to _____

Part 3: *Students who graduated from a Minnesota high school before 1997 or students from out of state*	Mo/Day/Yr	Mo/Day/Yr
Tetanus/diphtheria (Td or Tdap) *(at least one dose required within past 10 years)*		
Measles/mumps/rubella (MMR) *(at least one dose required at or after 12 months of age)*		

I certify that the above information is a true and accurate statement of the dates on which I was vaccinated.

Student's signature _____ Date _____

Part 4: *Other exemption(s): A physician's signature is required for a medical exemption, and a notary's signature is required for a conscientious exemption*

Medical Exemption: The student named above lacks one or more of the required immunizations because he/she: *(Check all that apply and fill in the appropriate blanks.)*

☐ has a medical problem that precludes the _____ vaccine

☐ has not been immunized because of a history of _____ disease

☐ has laboratory evidence of immunity against _____ disease

Physician's signature _____ Date _____

Conscientious Exemption: I hereby certify by notarization that immunization against _____

_____disease is contrary to my conscientiously held beliefs.

Student's signature _____ Date _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Signature of notary _____

MINNESOTA MDH DEPARTMENT OF HEALTH