Transfer Student Checklist

Fill out online Application entirely: **Click Here!**

Fill out the FAFSA online: LLTC FAFSA Code – 030964

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

1. Copy of State and Tribal ID

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

3. Transcripts from other Colleges

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

5. Immunization form

6. Student Rapid Pay Card/Direct Deposit Authorization

7. Student Financial Responsibility Agreement

8. Accuplacer Placement Tests

**Please understand that it is your responsibility to request official transcripts from your colleges. Transfer Students should submit their official transcripts as soon as possible to determine what classes will directly transfer to your program of study. **

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

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

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 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

STUDENT rapid!PAY SIGN-UP FORM

PAYEE (Student)			
Name of Payee (Last, First, Middle)			Email
Street Address (Route, PO Box)			Phone:
City	State	Zip	Student ID #
Date of Birth			Social Security Number

☐ I hereby authorize Leech Lake Tribal College to assign a rapid!PAY card and initiate credit entries and any correcting entries to my assigned rapid!PAY account, unless I notify Leech Lake Tribal College in writing of my intent to cancel. Upon Leech Lake Tribal College's receipt of a request to cancel the rapid!PAY card, it shall become effective after a reasonable opportunity to act upon it and until a Direct Deposit form is received. In the event funds are deposited erroneously into my account, I authorize Leech Lake Tribal College to debit my account(s) not to exceed the original amount of the credit.

Payee: _____ _____
Signature Date

Joint Payee: _____ _____
Signature Date

Finance Office Use ONLY

Issue Date	
Routing Number	
Account Number	

Revised August 2026

DIRECT DEPOSIT SIGN-UP FORM
OR EXISTING rapid!PAY CARD

☐ **Check here if you DO NOT have a checking or rapid!PAY account see REVERSE side.**

LLTC will not issue paper checks for payroll OR financial aid.

PAYEE (Employee)			DEPOSITOR (Bank or Other Institution)	
Name of Payee (Last, First, Middle)			Type of Account ☐ Checking ☐ rapid!PAY	Type of Deposit ☐ Payroll ☐ Other
Street Address (Route, PO Box)			Depositor Routing Number and Account Number	
City	State	Zip	Name of Bank	
Payroll ID (Social Security Number)			Address of Bank	

If a checking account, please attach a BLANK VOID CHECK or proof of account letter from your bank to this form.

PAYEE/JOINT PAYEE CERTIFICATION

I hereby authorize Leech Lake Tribal College (LLTC) to initiate credit entries (direct deposits) to the account(s) listed above, and I authorize the financial institution(s) to credit the same to my account(s). This authorization will remain in full force and effect until LLTC has received written notification from me of its termination in such time and manner as to afford LLTC and the financial institution a reasonable opportunity to act on it.

Payee: _____ _____
Signature Date

Joint Payee: _____ _____
Signature Date

attach void check or proof of account here

Revised November 2025

Leech Lake Tribal College

Student Financial Responsibility Agreement

Student Information

- Name: _____
- Student ID: _____
- Program/Major: _____

Purpose

By registering for classes at Leech Lake Tribal College (LLTC), you are entering into a legally binding financial obligation. This agreement outlines your responsibilities regarding tuition, fees, and other charges incurred while attending LLTC.

Agreement

I understand and agree that:

1. **Payment of Tuition & Fees**
   - I am responsible for paying all tuition, fees, and other charges incurred by the published due dates, regardless of my financial aid status.
2. **Financial Aid & Scholarships**
   - Financial aid awards (federal, state, tribal, or institutional) may be applied directly to my account.
   - If aid is reduced, canceled, or does not cover the full balance, I remain responsible for the unpaid portion.
3. **Billing & Communication**
   - All billing statements and official communications will be sent to my LLTC email and/or mailing address on file.
   - I am responsible for regularly checking my student email and keeping my contact information current.
4. **Non-Payment Consequences**
   - Failure to pay may result in late fees, holds on my account, denial of registration, withholding of transcripts/diplomas, and referral to collections.
   - I may be responsible for collection costs and legal fees if my account is sent to collections.
5. **Withdrawal/Refunds**
   - It is my responsibility to follow the official withdrawal process if I choose not to attend.

- I understand that dropping classes may reduce or eliminate my financial aid and that I may still owe money to LLTC.

6. **Third-Party Sponsors**
   - If a third party (e.g., tribal scholarship, employer, agency) fails to pay, I am still responsible for my charges.
7. **Acknowledgement**
   - This agreement is binding for my entire enrollment period at LLTC.
   - By signing below, I acknowledge that I have read, understood, and accept responsibility for the financial policies of LLTC.

Student Signature: _____ Date: _____

LLTC Representative (if applicable): _____ Date: _____