



Comanche Nation Higher Education GED Distant Learning Application

First Name: _____ MI: _____

Last Name: _____

Social Security Number: _____

Date of Birth: _____

Are you under the age of 18? Yes ___ No ___ Gender: Male ___ Female ___

Current Address: _____ City _____

State: _____ Zip code: _____

Telephone Number: _____ Circle One: Home Work Cell

Email Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Telephone Number: _____

Marital Status: Single Married Divorce/Separated Widowed

Are you a US citizen? Yes No

Do you have any special needs? Yes No

If Yes, please explain: _____



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Tribal Affiliation: _____ CDIB or Tribal Enrollment Number? (a copy must be provided) _____ Have you attended High School? Yes No

If Yes, where? _____ Last completed grade and Year _____

Have you ever attempted this GED program? _____

Do you plan on applying for: College Vocational Cert. Employment

What are your career goals after earning your GED? _____

Do you have any concerns about applying for this course? _____

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