College or University:	
Date of Count:	

OMB Control No. 1076-0018 Expiration Date XX/XX/XX

#	<b>Student ID Number:</b> (Students identified in count)	Enrollment Application: Y/N	HS/GED Diploma Submitted: Y/N:	CFIB Submitted: Y/N:	Total Credit Hours:	Remarks:
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### OMB Control No. 1076-0018 Expiration Date XX/XX/XX

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**Estimated Burden Statement:** We estimate the form will take you 60 minutes to complete, including time to read instructions, gather information, and complete and submit the form. You may submit comments on any aspect of this information collection to the Information Collection Clearance Officer, Office of Regulatory Affairs & Collaborative Action, Indian Affairs, U.S. Department of the Interior, 1001 Indian School Road NW, Suite 229, Albuquerque, New Mexico 87104.