

UNDERGRADUATE-GRADUATE ADMISSION APPLICATION

CAMPUS SITE: Lower Brule Community College

Entrance Level: _____ Undergraduate _____ Graduate
Semester Entering: Spring 20_____ Fall 20_____ Summer 20_____

Student Classification: Beginning/First Time Senior
 Freshman Graduate Student
 Sophomore Transfer
 Junior Workshop

PERSONAL DATA:

Name: _____ **SSN#** -----
(Last) (First) (Middle)

Address: _____
(PO Box) (City) (State) (Zip)

Home Phone: _____ **Work Phone:** _____

Email Address: _____

Date of Birth: _____ **Male** **Female** **Marital Status:** Single Married

Ethnic Origin: Indian Non-Indian **U.S. Citizen?** Yes No

Are you an enrolled member of a federally recognized tribe? Yes No

Tribe/Agency Location: _____

Do you require services for a disability? Yes No

Emergency contact Name: _____ **Phone:** _____

Relationship: _____

Are you a first generation student? (Do your parents have a four year college degree?) Yes No

Are you a single parent? Yes No **Are you eligible for Veteran's Benefits?** Yes No

Educational Data:

Do you have a high school diploma? Yes No

Graduation Date: _____ **Do you have a GED?** Yes No **Date of completion:** _____

List all colleges/universities attended:

Name	Location	Dates of attendance	Degree earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of these credits being transferred to Sinte Gleska University? Yes No **If yes, please request an official transcript from each institution.**

Major: (All students must declare a major, please indicate one only)

- Art Institute Human Services Graduate Education Program Institute of Technologies
 Arts & Science Lakota Studies Human Services Graduate Program
 Business Education Education Re-certification/Workshop

Signed: _____ **Date:** _____

Please complete the following:

Is English your primary language? Yes No

Are you a bilingual speaker? Yes No **What languages?** _____

Family Data:

Mother's Full Name: _____

Is your mother enrolled in a Federally recognized tribe? Yes No **Which Tribe?** _____

Father's Full Name: _____

Is your father enrolled in a Federally recognized tribe? Yes No **Which Tribe?** _____

Resident Status:

Do you reside on a reservation? Yes No

Are you a resident of South Dakota? Yes No **If not, which state?** _____

Employment Status: Full-time Part-time Unemployed Seeking Employment Self Employed

Do you consider yourself to be low income? Yes No

To the best of my knowledge, the information provided on this application is true and correct.



**SINTE GLESKA UNIVERSITY
REGISTRAR'S OFFICE
PO BOX 105
MISSION, SOUTH DAKOTA 57555-0105 605-856-8100**

www.sintegleska.edu

INFORMATION RELEASE FORM

READ CAREFULLY

In Accordance with the Family Educational Rights and Privacy Act of 1974(as amended December 13, 1974), the information in your files may be furnished to governmental agencies without written or verbal consent of the student and may be used by this University for legitimate education purposes. The student has the right to inspect his/her personal permanent record and to challenge the contents of the record after satisfactorily identifying himself/herself to the unit custodian with the Registrar's Office. The Registrar must collect the Release of Information Form from each student at least once per academic year and this form is part of the student's permanent record. For more information, the Registrar's Office has the complete text of the Buckley Amendment on file. **Unless otherwise restricted, the information in your files will be released to anyone, including emergency messengers, family, relative, next of kin, employers, etc.**

PLEASE CHECK ONE

NO, I do not grant permission for the Registrar's Office to release my Information to person(s) requesting without my written consent.

YES, I hereby grant permission for the Registrar's Office to release my Information to person(s) requesting without my written consent.

I hereby grant permission to the Registrar's Office to release the checked Items of the Directory Information to the Person(s) requesting such Information without my written consent. (Please Check items below)

___ Names
___ Address
___ Telephone No.
___ DOB/Birthplace

___ Class Schedule
___ Withdrew/Drop Dates
___ Enrollment Status
___ Graduation Date

___ # of Semester Credits
___ # of Accum. Credits
___ GPA's
___ Tuition/Fees/Dues/Paid

Student Signature

Social Security Number

Date

Admissions Status

Student, Please check the appropriate admissions status. If you are unclear on this, please ask the Registrar's staff for verification. THANK-YOU.

___ New Student – Never attended Sinte Gleska University
___ Re-Admission – after Absence Last Semester attended SGU
___ Continuing Student from previous semester
___ High school/Dual Enrollment Student