UNDERGRADUATE-GRADUATE ADMISSION APPLICATION

CAMPUS SITE	: Sinte Gleska	University	Ihanktonwan	Lower Brule		
Entrance Level:Under	graduato Gradi	uato No	n-Dograp cooking			
Semester Entering: Spring 20			Summer 20			
Student Classification:	□ Beginning/First Tire		□ Senior	•		
	□ Freshman		□ Graduate	Student		
	□ Sophomore		□ Transfer			
	□ Junior		□ Re-Entry			
PERSONAL DATA:						
Name:			SSN	#:		
(Last)	(First)	(Midd		··· <u> </u>		
Address:		-	-			
(PO Box)	(City)	(State	•	(Zip)		
Home Phone:		Work	Phone:			
Email Address: Date of Birth:		□ Female				
Date of Distric	□ INIGIC	L Telliale				
Marital Status: ☐ Single ☐	Single with children	□ Married □ N	Narried with childrer	າ □ Widowed		
☐ Responsible for elderly me						
Ethnic Origin: U.S. Citizen	? □ Yes □ No					
□ American Indian/Alaska Na			, -	ized tribe? ☐ Yes ☐ No		
Tribe/Agency Location:						
□ Caucasian □ Asian □ Black	Arrican American 🗆	Native Hawaiia	n/Pacific Islander			
Do you require services for a	disability? □ Yes □ No)				
Emergency contact Name:Phone:						
Relationship:						
Are you a first generation stu	ıdent? (Parents do no	t have a four ye	ear college degree) E	ıYes □ No		
Have you attended a Head St	art Program? ☐ Yes ☐	∃ No				
Are you a veteran □ Yes □ No			efits? 🗆 Yes 🗆 No			
Educational Data:			•			
Do you have a high school di	nloma? □ Ves □ No (Graduation Dat	۵.			
Do you have a high school diploma? Yes No Graduation Date: Have you taken the ACT? Yes No						
Public High School on reservation? Public High School off reservation? BIA School?						
☐ Tribal or Contract School?	•					
Do you have a GED? ☐ Yes ☐			•			
Do you have a GLD! II les II	NO Date of Comp	netion	 			
List all colleges/universi	ties attended:					
<u>Name</u>	Location	<u>Dates </u>	of attendance	Degree earned		
						

If yes, please request an official transcript from each institution. Major: (All degree-seeking students must declare a major and emphasis, if applicable. Please indicate one major only.) □ Human Services □ Nursing ☐ Art Institute ☐ Graduate Education Program □ Lakota Studies □ Arts & Science □ Institute of Technologies □ Business Education □ Education □ Re-certification ☐ Human Services Graduate Program Please complete the following: Is English your primary language? □ Yes □ No Do you speak Lakota? □ Yes □ No Limited speaker □ Yes □ No Conversational speaker? □ Yes □ No Fluent speaker? □ Yes □ No Other 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 or near a reservation? (Within 60 miles) ☐ Yes ☐ No List tribal community Are you a resident of South Dakota? ☐ Yes ☐ No If not, which state **Employment Status:** □ Full-time □ Part-time □ Unemployed □ Seasonal □ Self Employed

Are any of these credits being transferred to Sinte Gleska University?

Yes

No

Revised 2024



Date:

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

Signed:

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



SINTE GLESKA UNIVERSITY INFORMATION RELEASE FORM READ CAREFULLY FOR INSTRUCTIONAL USE ONLY

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 educational 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.

PLEASE CHECK ONE

to a person(s) re If you choo a family en Yes, I hereby g	equesting without my written se NO, we will not release i	nformation in case of er's Office to release any	
Student Signature	I.D. # / S.S.N.	Date	
		SKA UNIVESITY FOR COMPUTERS ON CAMPUS	
responsibly and respe important. The Univer- there is evidence of ill- Anyone using this syst policies, as well as Tri Handbook, the University	cting the rights of other comprisity will not monitor individual egal or unethical use, the Universe em expressly consents to such bal and Federal statutes. For sity Faculty Handbook and the	rsity's computing and information resourter users. Protecting an individual's rusage or look at data in the user's according reserves the right to monitor an immonitoring. These resources are gover details of procedures and sanctions, loo University Policy Manual. Please call the policies and procedures outlined in this	right to privacy is bunts; however, if ndividual's usage. Thed by University ok in: the Student MIS Department
Student Signature			