

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 degree-seeking students must declare a major. Please indicate one only.)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Art Institute | <input type="checkbox"/> Human Services | <input type="checkbox"/> Nursing | <input type="checkbox"/> Graduate Education Program |
| <input type="checkbox"/> Lakota Studies | <input type="checkbox"/> Arts & Science | <input type="checkbox"/> Institute of Technologies | <input type="checkbox"/> Human Services Graduate Program |
| <input type="checkbox"/> Business Education | <input type="checkbox"/> Education | <input type="checkbox"/> Re-certification | |

Please complete the following:

Is English your primary language? Yes No American Indian Language? Yes No

Other languages? _____ Are you a bilingual speaker? Yes No

Limited speaker Yes No Conversational speaker? Yes No Fluent speaker? Yes No

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

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

Signed: _____ Date: _____



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

_____ **No**, I do not grant permission for the Registrar's Office to release any information to a person(s) requesting **without** my written consent.

If you choose NO, we will not release information in case of a family emergency.

_____ **Yes**, I hereby grant permission for the Registrar's Office to release any information to person(s) requesting **without** my written consent.

Student Signature

I.D. # / S.S.N.

Date

**SINTE GLESKA UNIVESITY
ACCEPTABLE USE POLICY FOR COMPUTERS ON CAMPUS**

All members of the University who used the University's computing and information resources must do so responsibly and respecting the rights of other computer users. Protecting an individual's right to privacy is important. The University will not monitor individual usage or look at data in the user's accounts; however, if there is evidence of illegal or unethical use, the University reserves the right to monitor an individual's usage. Anyone using this system expressly consents to such monitoring. These resources are governed by University policies, as well as Tribal and Federal statutes. For details of procedures and sanctions, look in: the Student Handbook, the University Faculty Handbook and the University Policy Manual. Please call the MIS Department at 605-856-8100 for further questions concerning the policies and procedures outlined in this document.

Student Signature

Date