

# LOWER BRULE COMMUNITY COLLEGE

## REGISTRATION CHECKLIST

### Application Process:

1. Fill out the BLUE Application entirely (All required Documents must be on file the first week of classes or you will not be registered)
  - High School Transcript.
  - Tribal Enrollment if applicable
2. Sign where applicable
3. Complete a FAFSA/Pell Grant application on-line with tax information if you filed an Income tax return.
4. Compass Test
5. Register for classes with appropriate advisor. All Registration Cards MUST have an Advisors Signature on it before you will be registered.

**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

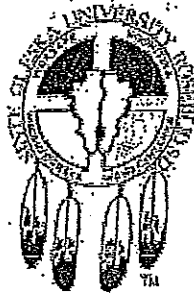
Are you a resident of South Dakota?  Yes  No If not, which state? \_\_\_\_\_

**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  
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605-856-8100**

[www.sinte.edu](http://www.sinte.edu)