

UNDERGRADUATE-GRADUATE ADMISSION APPLICATION

CAMPUS SITE: Sinte Gleska University Ihanktonwan Lower Brule

Entrance Level: _____ Undergraduate _____ Graduate _____ Non-Degree seeking
Semester Entering: Spring 20 _____ Fall 20 _____ Summer 20 _____

Student Classification: Beginning/First Time Senior
 Freshman Graduate Student
 Sophomore Transfer
 Junior Re-Entry

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 Single with children Married Married with children Widowed
 Responsible for elderly member in home

Ethnic Origin: U.S. Citizen? Yes No

American Indian/Alaska Native **Are you an enrolled member of a federally recognized tribe?** Yes No

Tribe/Agency Location: _____

Caucasian Asian Black/African American Native Hawaiian/Pacific Islander

Do you require services for a disability? Yes No

Emergency contact Name: _____ Phone: _____

Relationship: _____

Are you a first generation student? (Parents do not have a four year college degree) Yes No

Have you attended a Head Start Program? Yes No

Are you a veteran Yes No Are you eligible for Veteran's Benefits? Yes No

Educational Data:

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? Other High School? List school attended _____

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

List all colleges/universities attended:

<u>Name</u>	<u>Location</u>	<u>Dates of attendance</u>	<u>Degree earned</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 and emphasis, if applicable. Please indicate one major 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 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

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

Signed: _____ Date: _____

Revised 2024



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