

UNDERGRADUATE-GRADUATE ADMISSION APPLICATION

CAMPUS SITE: **Sinte Gleska University**

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.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