**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

□ Responsible for elderly member in home

**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? (Parents do not have a four year college degree) □ Yes □ No

Have you participated in 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: \_\_\_\_\_\_\_\_ GPA at graduation \_\_\_\_\_\_

Class ranking \_\_\_\_\_ Have you taken the ACT? □ Yes □ No ACT Score \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

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:**

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

□ Art Institute □ Human Services □ Nursing □ Graduate Education Program

□ Lakota Studies □ Arts & Science □ Institute of Technologies □ Human Services Graduate Program

□ Business Education □ Education □ 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

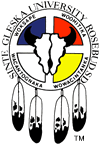
**Employment Status:**

□ 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Revised 2022**

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**SINTE GLESKA UNIVERSITY**

**REGISTRAR’S OFFICE**

**PO BOX 105**

**MISSION, SOUTH DAKOTA 57555-0105**

**605-856-8100**

**www.sinte.edu**