



Application for Admissions

Revised 3/7/2012

Sitting Bull College

Phone: (701) 854-8000 www.sittingbull.edu

I am applying for admission as a? ☐ First-Time Student ☐ Transfer Student ☐ Returning Student

Legal Name: *(as appears on legal documents, i.e. social security card, birth certificate, court documents)*

Last Name

First Name

Middle

Maiden/Other Names

Social Security Number

Permanent Mailing Address:

Street or P.O. Box

City

State

Zip Code

()

Telephone

E-Mail Address

In case of emergency, please provide the following information:

Name

Telephone

Demographic Information:

Date of Birth: ____/____/____
Month Day Year

Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced **# of Dependent Children:** ____

Race/Ethnicity: ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic
☐ Native Hawaiian or Pacific Islander ☐ White

Are you an enrolled member of a Federally Recognized Tribe: ☐ Yes ☐ No

Are you a member of a Federally Recognized Tribe but not enrolled*: ☐ Yes ☐ No

*Must provide Certificate of Indian Blood of enrolled parent

Employment Information:

Are you currently employed: ☐ Yes ☐ No If yes, are you employed: ☐ Full-Time (20+ hours/week)
☐ Part-Time (less than 20 hours/week)

Employer Name: _____

City: _____ State: _____ Telephone #: _____

High School Information:

Have you graduated from high school: ☐ Yes ☐ No

Name of High School

City

State

Have you completed the GED: ☐ Yes ☐ No

If you have completed the GED, please submit a copy of your certificate.

If yes, what is the last grade completed: _____

College or University Information:

Have you ever attended another college or university: ☐ Yes ☐ No

Name of College or University

City

State

Name of College or University

City

State

Name of College or University

City

State

Other Information:

Are you a US citizen: ☐ Yes ☐ No

Are you a veteran: ☐ Yes ☐ No If yes, what branch of service: _____

Are you responsible for caring for an elderly family member: ☐ Yes ☐ No

Do you speak a Native language: ☐ Yes ☐ No

If yes, do you consider your language skills to be: ☐ Basic ☐ Intermediate ☐ Advanced ☐ Fluent

Did your father earn a bachelor degree: ☐ Yes ☐ No

Did your mother earn a bachelor degree: ☐ Yes ☐ No

Certification of Information:

I certify that the information given on this application is correct and complete to the best of my knowledge.

Student Signature

Date

Please mail the following documents (if applicable) to the address below:

- ✓ Completed Application
- ✓ Copy of Tribal Enrollment
- ✓ High School Transcript
- ✓ GED Certificate
- ✓ Official College Transcripts

Mailing Address:

Office of Admissions
Sitting Bull College
9299 Hwy 24
Fort Yates ND 58538

It is the policy of Sitting Bull College (SBC) to afford equal employment opportunities to all qualified individuals, without regard to their race, color, ancestry, religion, sex, sexual orientation, national origin, age, physical or mental disability, citizenship status, veteran status, gender identity or expression, or any other characteristic or status that is protected by federal, state or local law. This also applies to Sitting Bull College's admission practices, financial aid practices, athletics events, recreation activities, public events or other College policies and programs.

Sitting Bull College operates in accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendment Act of 1972, and Section 504 of the Rehabilitation Act of 1973.