



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: ____/____/____ **Gender:** Male Female
Month Day Year

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 yes, what is the last grade completed: _____
If you have completed the GED, please submit a copy of your certificate.

College or University Information:

Have you ever attended another college or university: Yes No

Name of College or University City State

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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.

**SITTING BULL COLLEGE
DISCLOSURE OF STUDENT RECORDS/INFORMATION RELEASE FORM
(FERPA - THE BUCKLEY AMENDMENT)**

Sitting Bull College adheres to a policy of compliances with the Family Educational Rights and Privacy Act – FERPA (Buckley Amendment). The definition of this Amendment is as follows:

"A federal law designed to protect the privacy of educational records, to establish the right of students to inspect and review their educational records, and to provide guidelines for the correction of inaccurate and misleading data through informal and formal hearings."

Right of Inspection or Access:

Each student has the right to:

- be provided a list of personal educational records, files, and documents maintained at Sitting Bull College (attached)
- inspect and review the content of such records (contact Registrar to do so)
- obtain copies of records at the student's expense
- receive a response from the college to a reasonable request for explanation or interpretation of records
- have a hearing to challenge the content of the records

DIRECTORY INFORMATION:

Sitting Bull College has designated the following information as "Directory Information":

<input type="checkbox"/> Name	<input type="checkbox"/> Dates of attendance	<input type="checkbox"/> Previous Institution attended
<input type="checkbox"/> Address	<input type="checkbox"/> Major field of study	<input type="checkbox"/> Email address
<input type="checkbox"/> Telephone listing	<input type="checkbox"/> Degrees and awards received	<input type="checkbox"/> Participation in College Activities (ex. AIHEC)

**Although address and phone number are directory information, SBC does not provide this information to the general public.

Directory information is generally considered not harmful or an invasion of privacy, if released. If there is any information above that you do not want released, please put an "X" on the line next to that specific information.

SBC, under FERPA, can release protected information without your consent to Non-College officials under limited circumstances:

- Valid Subpoenas
- Search Warrants
- Emergency/Crisis Situation
- Ex Parte Order (Patriot Act)

Sitting Bull College will not release information from the student's file to their parent(s) unless written consent is given by the student or the parent(s) provide documentation proving the student is their dependent.

I hereby grant permission to all Sitting Bull College Departments and Offices to release to Student Support Services (SSS) staff the necessary information pertinent to my eligibility for and participation in program services offered by SSS. I also understand that much of the information provided to SSS will be used for statistical reporting to local, state, and federal agencies. () Yes () No

I hereby grant permission to Sitting Bull College to use my photo(s) and profile information for fundraising/public awareness purposes/SBC catalog. () Yes () No

I, _____, have read the above information and fully understand my rights under the Family Educational Rights to Privacy Act (Buckley Amendment). This form is in effect for all terms of attendance at Sitting Bull College, past, present, and future.

Student's Signature

Date

**SITTING BULL COLLEGE
DOCUMENTS MAINTAINED IN A STUDENT'S FILE**

- Sitting Bull College Application for Admissions
- official college transcript(s) from other colleges
- official high school transcript or copy of GED
- Certificate of Indian Blood
- Any requests for transcripts or other information in student's file
- Disclosure or Release of Information of Student Records
- petitions for re-admission or credit overload
- routing slip
- Internet Privacy Form
- class schedules
- grade reports: midterm, final
- probation/suspension letters
- add/drop form
- pre and post test scores-
- Graduation information: Choices, copies of awards, resume, letters of recommendation, receipts, copy of diploma.
- Any correspondence to student from staff/faculty member of SBC that directly relates to college business
- Veterans: copies of documents directly relating to educational benefits (application, approval/denial letter, certifications, termination, etc.)
- Other information that students request to keep in file

After a student graduates, only the college transcript, high school transcript or GED, degree of Indian blood, and copy of diplomas are kept in file. All other documents are destroyed.

SITTING BULL COLLEGE HIGH SCHOOL TRANSCRIPT REQUEST FORM

COMPLETE ONLY IF YOU GRADUATED FROM HIGH SCHOOL.

If you have a GED, please bring in a copy. If you need to request a duplicate of your GED, contact the Dept of Education or Dept. of Public Instruction in the state you took the official GED test.

Name _____
Last First MI

Name on High School Diploma: _____

Address _____
Street/PO Box/Route City State Zip

SSN: _____ Date of Birth: _____
(optional)

Telephone No. (Home): _____ (Work): _____

Date/Year Graduated From High School: _____

NAME AND ADDRESS OF THE HIGH SCHOOL YOU GRADUATED FROM:

I hereby authorize release of an official high school transcript to Sitting Bull College. If there is a fee for the cost of a transcript, please contact me at the number or address listed above. **Sitting Bull College will not accept a faxed copy.**

SIGNATURE OF STUDENT

DATE

Please mail official transcript to:

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

If you have questions, please call (701) 854-8020

**SITTING BULL COLLEGE
RELEASE OF
TRIBAL ENROLLMENT VERIFICATION**

Dear Tribal Enrollment Office:

Please send a copy of my certificate of Indian blood with blood quantum to:

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

Last Name: _____ First Name: _____ MI: _____

Other names used: _____

Date of Birth: _____

Address: _____

Daytime phone number: _____

Agency enrolled at: _____

City/State/Zip Code of Agency: _____

Father's
Name: _____

Mother's
Name: _____

Signature: _____ Date: _____