



# Sitting Bull College

## Continuing Education Units (CEU) Registration Form



*In addition to submitting, please save a copy for your records.*

Name: \_\_\_\_\_  
Last
First
Middle/Maiden

Mail Address: \_\_\_\_\_  
Street/PO Box
City
State
Zip

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MM/DD/YY

Previous name used (if different): \_\_\_\_\_

Have you previously attended SBC?  Yes  No

**A copy of your CEU Transcript will be sent to the email address you have listed after completion of the CEU course. To request a hard copy be mailed, please call Extension Coordinator at (701)854-8000.**

Email address: \_\_\_\_\_

Are you an enrolled member of a tribe?  Yes  No Tribal Affiliation: \_\_\_\_\_

Enrollment #: \_\_\_\_\_ Agency Location: \_\_\_\_\_

Sex:  Male  Female Ethnicity  American Indian  Asian/Pacific Island  Black/Non-Hispanic  Hispanic  White/Non-Hispanic

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Course Title: \_\_\_\_\_

Course #: \_\_\_\_\_ Course Location: \_\_\_\_\_

Date of Award: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ No. of CEU's: \_\_\_\_\_ Grade: \_\_\_\_\_



## Sitting Bull College

### Permission to Release Certification of Degree of Indian Blood

Please only fill-out if you are enrolled member of Federally-recognized Tribe

Name: \_\_\_\_\_  
Last First Middle

Maiden or Other Name(s) Used: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone #: \_\_\_\_\_  
MM/DD/YY

*I hereby authorize the agency named below to release an official copy of my Certification of Degree of Indian Blood to Sitting Bull College. I understand that Sitting Bull College requires this verification for P.L. 98-192 (Indian College Assistance Act) funding and that this information will be kept on file in the Sitting Bull College Department of Continuing Education. My signature below authorizes release of this information to the Sitting Bull College Department of Continuing Education.*

Student Signature: \_\_\_\_\_ *Please be sure to sign by hand*

Name and Address of Agency Where Enrolled

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### TO THE AGENCY

Your assistance in promptly forwarding the above named individual's Certification of Degree of Indian Blood is greatly appreciated. Please return the CDIB to:

**Sitting Bull College**  
**Department of Continuing Education**  
**9299 Highway 24**  
**Fort Yates, ND 58538**

If you have any questions regarding this request, please contact the SBC CEU Director at (701) 854-8000.