



# Application for Admissions

Revised 04/20/2017

**Sitting Bull College**

Phone: (701) 854-8000 [www.sittingbull.edu](http://www.sittingbull.edu)

**Sex Offender Policy:** To increase the safety and welfare of the students, faculty and staff of Sitting Bull College, no convicted and registered sex offenders will be allowed to enroll in courses or allowed on any Sitting Bull College property.

I am applying for admission as:  First-Time Student  Transfer Student  Returning Student

\*First-Time Student--never attended Sitting Bull College nor any other college \*Transfer Student--never attended Sitting Bull College but did attend other college(s)

\*Returning Student--previously attended Sitting Bull College

Have you previously applied to SBC:  Yes  No If yes, under what name: \_\_\_\_\_

**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  
**If you are applying for financial aid or scholarships you must provide your SSN**

## Physical Street Address and Mailing Address:

\_\_\_\_\_  
PO Box City State Zip Code

\_\_\_\_\_  
Street Address 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:**  Asian  Black or African American  Hispanic  Native Hawaiian or Pacific Islander  White  
 American Indian/Alaska Native | Are you or a biological parent an enrolled member of a Federally Recognized Tribe:  
 Yes  No

**If you are an enrolled member of a Federally Recognized Tribe, please submit a copy of your Certificate of Indian Blood. If you are not enrolled but a biological parent is, please submit a copy of their Certificate of Indian Blood.**

## 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.

**Please complete the back side of this application**

**College or University Information:**

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Have you ever attended another college or university:  Yes  No

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Name of College or University

City

State

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Name of College or University

City

State

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Name of College or University

City

State

**Other Information:**

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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 an American Indian language:  Yes  No

If yes, do you consider your language skills to be:  Limited  Conversational  Fluent

Did your father earn a bachelor degree:  Yes  No

Did your mother earn a bachelor degree:  Yes  No

Did you attend a Head Start Program as a child:  Yes  No

Which district do you reside in:  Bear Soldier  Cannon Ball  Kenel  Long Soldier  Porcupine  
 Rock Creek  Running Antelope  Wakpala  Not Applicable

**Certification of Information:**

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

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Student Signature

Date

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

- ✓ Completed Application
- ✓ Copy of Tribal Enrollment
- ✓ GED Certificate
- ✓ Official High School Transcript  
**High School must send transcript directly to Sitting Bull College. Faxed copies are not acceptable.**
- ✓ Official College Transcripts  
**College must send transcript(s) directly to Sitting Bull College. Faxed copies are not acceptable.**

**Mailing Address:**  
Office of Admissions  
Sitting Bull College  
9299 Hwy 24  
Fort Yates ND 58538

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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.