

# Oglala Lakota College

## Admission Application PLEASE COMPLETE ENTIRE FORM

Student ID # \_\_\_\_\_

SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Phone: \_\_\_\_\_  
Mailing Address City State Zip Code

U.S. Citizen Yes \_\_\_ No \_\_\_ Marital Status:  Single  Married  Widowed Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Number of Children \_\_\_\_ Gender:  Male  Female

Ethnicity:  American Indian/Alaska Native  African American  Hispanic/Latino  Native Hawaiian/Pacific  
Islander  Caucasian  Canadian Indian Other: \_\_\_\_\_

Are you an enrolled member of a federally recognized tribe?  Yes  No If yes, which agency \_\_\_\_\_  
*(Attached Documented Proof)*

Household size \_\_\_\_ Employed  Yes  No  
If yes, are you  Full Time or  Part Time employed? Income level \$ \_\_\_\_\_  
Does your mother have a Bachelor's degree or higher?  Yes  No  
Does your father have a Bachelor's degree or higher?  Yes  No  
Do you have a disability?  Yes  No If yes, what type of disability? Cognitive ADD/ADHD Visually Hearing  
Physical Mental/Emotional *(an application for services along with documentation will be required)*  
Are you responsible for caring for an elderly family member?  Yes  No

Tribal Language speaker?  None  Basic  Intermediate  Fluent  Advanced

Admission status: \_\_\_ New-never attended \_\_\_ Readmission-after absence \_\_\_ Continuing-from previous semester  
\_\_\_ Transfer-from another college or university \_\_\_ Dual Credit *(Must complete separate application)*

Other colleges/universities you have attended: \_\_\_\_\_

Are you a veteran student \_\_\_ Are you the spouse or child of a former or current service member?  Yes  No

- \_\_\_ (A) I plan to pursue a degree and have decided on a major: \_\_\_ Bachelor's degree \_\_\_ Associate's Degree  
\_\_\_ (B) I do not plan to pursue a degree and will be taking courses as a non-degree seeking student. I understand that this educational goal does not qualify me to receive financial aid.  
\_\_\_ (C) I will be enrolling in a certification program and do not plan to pursue a degree. I understand that this educational goal may not qualify me to receive financial aid.

High School Graduate  GED  College Graduate  *(Attach Documented Proof)*  
Place & Year Graduated \_\_\_\_\_

Which Oglala Lakota College center do you plan on attending? (Home Center) \_\_\_\_\_

Declared major: \_\_\_\_\_ MA BS BA AA AAS

Will you be a: \_\_\_ Full Time Student \_\_\_ Part Time Student

Students who withdraw voluntarily from classes the first three weeks of registration will receive 100% tuition refund. Withdrawal from classes beginning the third week of classes will be assessed full charges. I agree to the terms and conditions of OLC's Computer Account & Network policy. I affirm that the information I have provided is true and correct to the best of my knowledge. I have received a copy and/or accessed the electronic version of the Student Handbook. I agree to read this handbook and abide by its provisions. I acknowledge that federal law permits institutions of higher education to disclose academic, enrollment and financial aid information about me to staff that need to know such information to carry out their administrative tasks.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Center Staff/Faculty Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_