

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 _____