

Today's Date \_\_\_\_\_

# Graduate Studies Department Master of Arts Degree

## APPLICATION FOR AREA OF STUDY DESIGNATION/CANDIDACY

**DIRECTIONS:** Complete entire application and submit to Graduate Studies Department **after completing nine (9) credit hours of core courses. Complete ALL blanks.**

Semester you intend to seek admission to Lakota Leadership and Management Program: \_\_\_\_\_

Full Mr.  
Legal Mrs.  
Name Miss \_\_\_\_\_  
Last First Middle Maiden

Other names used: \_\_\_\_\_

Permanent residence: \_\_\_\_\_  
P.O. Box Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Primary Email \_\_\_\_\_

Commutative GPA: \_\_\_\_\_ Average GPA in Major: \_\_\_\_\_

LakM 613, 633 & 603 respective grades: \_\_\_\_\_

DEPARTMENT SELECTION: Do you wish to choose the Education Administration Emphasis? \_\_\_ Yes \_\_\_ No

For LMEA student only - ELCC Standards:

Are indicators 1, 2, and 3 complete and uploaded to Foliotek?

Indicator 1: \_\_\_\_\_ Score: \_\_\_\_\_

Indicator 2: \_\_\_\_\_ Score: \_\_\_\_\_

Indicator 3: \_\_\_\_\_ Score: \_\_\_\_\_

Read the LEARNING AGREEMENT and sign where indicated:

**LEARNING AGREEMENT:** I agree to complete an approved Community Action Project or the Community Development and Sustainability I and II course, or complete an approved School Community Action Project relevant to the degree that I am seeking. CAP and SCAP projects are to be developed by my approved committee and me during my progression through my course of study. I understand that successful completion is a requirement in obtaining a master's degree.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the information that I provided on this application is complete, accurate and true, and I agree to abide by the policies and regulations of the Graduate Department, Oglala Lakota College. I understand that any information given falsely or withheld will affect the decision on my application and make me ineligible for admission and or enrollment or may be grounds for dismissal following enrollment.

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_

Only after all information has been filed in the Graduate Department Office can admission be complete:  
Return to Graduate Department  
Oglala Lakota College, P.O. Box 490 Kyle, S.D. 57752