# **Admission Application**

# Haskell Indian Nations University

Application for Admissions

Phone: (785) 749-8454; Web Site: www.haskell.edu

DEADLINES: Fall-	- June 1 Spring – Nove	mber 1	5 Summer – A	April 15				
What semester are you planning to attend Haskell? O Fall 20 O Spring 20 O Summer 20								
Legal Name: (as appears on legal docum	ments, i.e. birth certific	ates, co	urt_documents	)				
<del> </del>				8				
Last Name	First Name		Middle					
Maiden/Other Names	Social Security Number							
	of Arts (A.A.) Degree	•						
i lease select which degree	of Science (A.S.) Degree	0	- P 1 1 00 1 (P 0) P					
Please write your major on the line.	01 2014110 (1 1121) 2 <b>08</b> 100			(=13				
Permanent Mailing Address:								
Street or P.O. Box		City		State	Zip Code			
Telephone		F-Mail Δ	ddress					
Please select the your enrollment status:  O Full-Time Student (Enrolled in 12 or more credits)  Part-Time Student (Enrolled in less than 12 credits)								
Please select the your housing status:  On-Campus (Must be enrolled in 12 credits)  Off-Campus (Please list local address below.)								
Street or P.O. Box		City		State	Zip Code			
In case of an emergency, please provide the following information:								
	O Parent O Spous	se O	Other:					
Last Name First Name	- -		Please w	rite relationshi	p.			
Street or P.O. Box		City		State	Zip Code			
Telephone	E-Mail Address							
Applicant Demographic Information								
Date of Birth:	Place of Birth							
MM/DD/YYYY	City		State					
Sex: O Male	Marital Status: O	Single	<ul><li>O Marrie</li></ul>	ed				
O Female	0	Separat	ed O Divor	ce				
Are you currently on or pending crimina	l probation or parole?	o No	o Yes					
If yes, explain:								

OMB Control No: 1076-0114 Expiration Date: 05/31/2025

## **CONFIDENTIAL**

Tribal Information:				-				
				172				
Tribal Agency:	Tribal Roll Number:							
Name of Tribe, Pueblo, Corporation, or Rancheria								
High School Information:								
Name of High School	City	State	Date From	Date To				
Have you graduated from high school? O Yes  Date of Grad	O No Juation	Anticipated Date of	Graduation					
Have you taken the GED:  ONO OYes  If you have taken the GED please submit a copy of your scores  Contact Information:  Office of Admission  Haskell Indian Nations University  155 Indian Ave #5031  Lawrence KS 66046-4800  www.haskell.edu								
Have you ever attended a class at another college or universit	y? ○ No	○ Yes						
Have you been awarded a degree from a University/College?	0 N	o o Yes	Degree/Sch	nool Name				
Name of College or University	City	State	Month/Year	Month/Year				
Name of College or University	City	State	Month/Year	Month/Year				
Miscellaneous Information:								
List any activities in which you would like to participate:								
Please attach the following documents:								
o Verification- Tribal Enrollment (With Identification	n Number)							
o Immunization (Showing two doses of Measles, Mu	mps & Rubella	or MMR)						
Have the following relevant documents sent to Haske Parchment or National Student Clearinghouse.	ll via Mail or se	ecure digital m	ethod such as	<b>;</b>				
Official High School Transcript		Official College(s) Transcript						
(Send most current transcript if still in high school)		Official GED Certificate with scores						
Certification of Information:								
I certify that the information given on this application is correct and complete and that all prior academic work is accounted for on this application. (Incomplete applications will not be considered.)								
Student Signature		Date						

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### Paperwork Reduction Act and Public Burden Statement:

Authority: Paperwork Reduction Act of 1995, Public Law 96-511, as amended.

This information is collected from Native American and Alaska Native individuals seeking enrollment to Southwestern Indian Polytechnic Institute. The information is used to identify students, determine eligibility, and identify any health and counseling services needed, and safety issues related to dormitory situations and record keeping purposes. The completed admissions forms are electronically entered into Haskell Indian Nations University Admissions and Records system to identify and maintain current information on students. It is estimated that this form will take an average of 15 minutes to complete. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB Control Number. Comments concerning clarity, utility of information or burden reduction may be sent to Haskell Indian Nations University, 155 Indian Ave, Box #5031, Lawrence, KS. Please note: comments, names, and addresses of commentators are available for public review during regular business hours. If you wish us to withhold this information you must state this prominently at the beginning of your comment. We will honor your request to the extent allowable by law.

#### Privacy Act Statement:

Authority: Privacy Act of 1974, Public Law 93-579, as amended.

This information collection document contains information that is covered under the Privacy Act Public Law and is for students completing Federal records and forms that solicit personal information. The Bureau of Indian Education will not disclose any record containing such information without the written consent of the respondent. The primary purpose and routine uses of this information is to determine eligibility for postsecondary educational services of the Haskell Indian Nations University, for identification purposes, to render appropriate services for students and for record keeping purposes. Examples of others who may request the information in summary are Members of Congress, or the Office of Management and Budget for the purpose of the budget. Collection of your Social Security Number is for identification purposes and is voluntary. Your voluntary responses are treated in a highly confidential manner.

EFFECTS OF NONDISCLOSURE: Providing this information is voluntary. If you choose not to provide information it may affect your eligibility for educational services.

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