



300-Admissions/Records  
(505) 346-2338

**Application for Admission**  
**SOUTHWESTERN INDIAN POLYTECHNIC INSTITUTE**  
*"A National Indian Community College"*  
 United States Department of the Interior  
 Bureau of Indian Education



Mailing Address: P.O. Box 10146; Albuquerque, NM 87184  
 Physical Address: 9169 Coors Boulevard, N.W.; Albuquerque, NM 87120

Which trimester do you intend to begin taking courses?  
 FALL     SPRING     SUMMER    YEAR: \_\_\_\_\_  
 Sept-Dec    Jan-April    May-Aug

I am applying as a:  
 New Student     Concurrent Student (HS)  
 Readmit Student     Non-degree Student  
 Transfer Student

Legal Name (Last, First, Middle)	Maiden Name / Previous Name
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Legal or Permanent Address (Number, Street, Rt., Box, City, State, Zip Code)	Telephone No. ( )
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Commuter Address While Attending SIPI (Number, Street, Rt., Box, City, State, Zip Code)	Commuter Telephone No. ( )
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E-mail Address While Attending SIPI	Cell Telephone No. ( )
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Sex (Check One) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Place of Birth (City, State)	Date of Birth (Mo., Day, Yr.)	U.S. Social Security No.
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Are you a member of a U.S. Federally Recognized Tribe?     YES     NO  
*If YES, Please provide a copy of Certificate of Indian Blood (CIB) with application.*  
 Name of Tribe: \_\_\_\_\_

Notify in Case of Emergency (Name, Address)	Relationship	Telephone No. ( )
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Circle Highest Grade Completed in High School: 7 8 9 10 11 12	Name and Address (City, State) of Last High School Attended:  <i>Please, provide a copy of official High School transcript showing graduation date.</i>
High School Graduation Date (Mo., Day, Yr.): _____	

If you have NOT graduated from High School, Have you passed a GED test?     YES     NO  
*If YES, Please provide a GED report of Test results. You must be 18 years of age or older to apply for the GED program.*

Have you attended College?     YES     NO    *If YES, Please complete the table below:*

<b>FOR TRANSFER AND READMISSION STUDENTS ONLY: List all post-secondary schools, colleges, and universities in order of attendance. Transfer students MUST submit an OFFICIAL college transcript.</b>			
Name of School	Address (City, State)	Dates Attended	Credits Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**GENERAL INFORMATION – PLEASE ANSWER ALL QUESTIONS**

Are you a U.S. Veteran?     YES     NO  
*If YES, Please provide a copy of latest DD-214 Form with application.*

Are you currently on or pending Criminal Probation or Parole?     YES     NO  
*If YES, Please Explain:* \_\_\_\_\_

Will you require student dormitory housing?     YES     NO  
*If YES, Housing Application must be completed and submitted with application.*

**GENERAL STUDENT BACKGROUND SURVEY – PLEASE ANSWER ALL QUESTIONS**

What is your current marital status? <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	Are you a single parent? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you speak your tribal language? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you reside on your tribal reservation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you the first generation of your family to attend a post-secondary educational institution? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**Select the highest level of education for each parent/guardian:**

Mother's Education:

- Completed High School Diploma or GED Equivalent
- Completed a Certificate (approximately 1-year training)
- Completed an Associate Degree (2-year college degree)
- Completed a Bachelor's Degree (4-year college degree)
- Completed a Graduate Degree
- Not Applicable

Father's Education:

- Completed High School Diploma or GED Equivalent
- Completed a Certificate (approximately 1-year training)
- Completed an Associate Degree (2-year college degree)
- Completed a Bachelor's Degree (4-year college degree)
- Completed a Graduate Degree
- Not Applicable

**Assessment Survey:**

What is your current objective in attending SIPI? Please Check the box next to any or all of the statements that apply to you.

- |  |  |
|--|--|
| <input type="checkbox"/> Obtain a Certificate                            | <input type="checkbox"/> Meet certification/licensure requirements |
| <input type="checkbox"/> Obtain an Associate Degree                      | <input type="checkbox"/> Personal interests                        |
| <input type="checkbox"/> Transfer to another college or university       | <input type="checkbox"/> Explore courses                           |
| <input type="checkbox"/> Preparation to change careers                   | <input type="checkbox"/> Improve skills for present job            |
| <input type="checkbox"/> Self-improvement and/or to improve basic skills | <input type="checkbox"/> Undecided/unknown                         |
| <input type="checkbox"/> Preparation to enter the job market             |  |

**CERTIFICATION:**

This verifies that all application information I submitted to Southwestern Indian Polytechnic Institute (SIPI) is complete and true. Reporting any false application information may be grounds for denying admission or suspension from the institution. I also agree to abide by all of the rules and regulations of SIPI.

Applicant Signature (sign)	Social Security Number	Date
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**FOR PARENT/GUARDIAN OF A MINOR APPLICANT UNDER 18 YEARS OF AGE:**

I am legally responsible for this applicant and hereby apply for his/her admission to SIPI. I give my consent to emergency operations, psychiatric treatment, and dental or minor surgery, if such procedures become necessary while the student is in college. I also approve inoculations and treatment in the field of preventive medicine as may be deemed necessary by medical personnel.

Parent/Legal Guardian Signature	Relationship	Date
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Address (Number, Street, Rt., Box, City, State, Zip Code)	( )	Telephone No
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**STUDENTS WITH DISABILITIES**

Southwestern Indian Polytechnic Institute ensures access to facilities and academic programs for students identified by the American Disabilities Act. Accommodations are determined on an individual basis and include, but not limited to, sign language interpreters, note takers, audio recording, tutorial services, priority registration, parking, and classroom modification. Please contact the Vocational Rehabilitation Counselor by phone at (505) 346-2319, regarding disability. The Counselor can arrange for and monitor needed services in compliance with the American Disabilities Act.



# Southwestern Indian Polytechnic Institute

P.O. Box 10146, Albuquerque, NM 87184

1-800-586-SIPI

## Physical Examination Form - To be filled out by Physician

1. NAME (LAST, FIRST, MIDDLE)		2. NAME OF SCHOOL		3. REGISTRATION NO.	
4. OTHER NAMES USED (LAST, FIRST, MIDDLE)		5. DEGREE OF BLOOD	6. TRIBE		7. TRIBAL ID NO.
8. PERMANENT ADDRESS OF PARENT OR GUARDIAN				9. DATE OF EXAM	
10. PLACE OF BIRTH	11. DATE OF BIRTH	12. AGE	13. SEX	14. OTHER CLINIC OR SCHOOL ATTENDED	
15. FATHER'S NAME	16. PLACE OF BIRTH		17. MOTHER'S MAIDEN NAME		18. PLACE OF BIRTH
19. SIGNIFICANT FAMILY HISTORY (List tuberculosis, venereal disease, diabetes, epilepsy, trachoma in family. Also if parents not living, indicate cause of death.)					

20. SIGNIFICANT PERSONAL HISTORY (List, with dates where possible, history of rheumatic fever, chorea, tuberculosis, asthma, convulsive disorder, diabetes, otitis media, pneumonia, trachoma, other serious illness or hospitalization and menstrual history.)

21. SIGNIFICANT SOCIAL HISTORY:

### MEASUREMENTS AND OTHER FINDINGS

22. HEIGHT	23. WEIGHT	24. BUILD				25. BLOOD PRESSURE (Arm at heart level)	
		SLENDER	MEDIUM	HEAVY	OBESE	A. Systolic	B. Diastolic
26. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score.)							

## Physical Examination Form - To be filled out by Physician (Continued)

27. CLINICAL EVALUATION (Check each item in the appropriate column.)

NORMAL	AB-NORMAL	NOT EVALUATED	ITEM	NOTES: (Describe every abnormality in detail. Enter pertinent item letter before each comment.)
			A. HEAD, FACE, NECK AND SCALP	
			B. NOSE	
			C. SINUSES	
			D. MOUTH AND THROAT	
			E. EARS - GENERAL	
			F. DRUMS (Perforation)	
			G. EYES - GENERAL (include examination for Trachoma)	
			H. OPHTHALMOSCOPIC	
			I. PUPILS AND OCULAR MOTILITY	
			J. LUNGS AND CHEST	
			K. HEART AND VASCULAR SYSTEM	
			L. ABDOMEN AND VISCERA (include hernia)	
			M. ANUS AND RECTUM	
			N. ENDOCRINE SYSTEM (include indication of puberty)	
			O. G-U SYSTEM	
			P. UPPER EXTREMITIES	
			Q. FEET AND LOWER EXTREMITIES	
			R. SPINE, OTHER MUSKULOSKELETAL	
			S. IDENTIFYING BODY MARKS, SCARS, TATOOS	
			T. SKIN LYMPHATICS	
			U. NEUROLOGIC	
			V. PSYCHIATRIC (specify any known personality deviation)	

28. SUMMARY OF DEFECTS AND DIAGNOSIS (List diagnoses with item letters. Include allergies, especially drug allergies.)

29. RECOMMENDATIONS (Further specialist examinations and follow-up indicated. Specify)

30. SIGNATURE OF EXAMINING PHYSICIAN & NAME OF FACILITY OR CLINIC

DATE



# APPLICATION FOR RESIDENTIAL HOUSING

GOLDEN EAGLE LODGE OR FOUR WINDS LODGE  
SOUTHWESTERN INDIAN POLYTECHNIC INSTITUTE  
9169 COORS BLVD NW  
ALBUQUERQUE, NM 87184

Housing & Recreation Office: (505) 346-2371 Director: (505) 346-2327  
Golden Eagle Lodge: (505) 346-2354 Four Winds Lodge: (505) 346-2356

Office Use Only	
Admission Status	
Room #	
Key #	
Status:	A1
	A2
	A5

Applicants Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(Last, First, Middle Initial)

Street/P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*STUDENTS MUST BE 18 YEARS OLD TO RESIDE IN DORM AND BE ENROLLED IN 12 CREDIT HOURS\*\***

Residential Lodge Request Period:	Year: _____	Spring: _____	Summer: _____	Fall: _____
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Male (Golden Eagle):  Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Female (Four Winds):

New Student:  Continuing Student:  Readmit Student:

Last Year Attended SIPI: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Last, First, Middle Initial)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Zip: \_\_\_\_\_

### MEDICAL INFORMATION

Please list any medical problems and physician prescription medications:

\_\_\_\_\_

**SPECIAL ACCOMMODATIONS:** For Students needing handicap accessible rooms, please contact the Housing & Recreation Staff, at the number listed above.

### ADDITIONAL INFORMATION NEEDED

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY AND/OR CURRENTLY ON PAROLE/PROBATION? YES NO

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

**THE \$275.00 STUDENT HOUSING FEE MUST BE PAID IN THE STUDENT ACCOUNTING OFFICE PRIOR TAKING OCCUPANCY.**

**\*\*\*All fees must to be paid by Money Order. (PAYABLE TO BIE/SIPI) NO Cash will be accepted.\*\*\***

SIPI recognizes alcohol and drug abuse as a potential health, safety, and security problem to the students and the SIPI community. As such, on June 3, 1991, the SIPI Board of Regents passed Resolution 148 entitled "Zero Tolerance" an alcohol and Illegal Drug Policy. If a student violates any part of the articles and is found guilty, suspension from the Lodge will occur.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Transfer Credits**

Grades earned in courses taken at other institutions are not included in the calculation of SIPI grade point average. Official high school and college transcripts submitted to the Admissions Office become the property of the College and will not be copied, transferred, or returned to the student.

### **Evaluation of Credit**

Before previous coursework can be considered for transfer, admissions must receive official transcripts from all schools where the coursework was completed. Any student requesting transfer credit must contact his/her academic advisor, who will review the course(s) for which transfer credit has been requested. If the advisor determines that the course(s) meet the requirements of the student's program of study, the advisor will complete a SIPI College Course Credit Transfer form. The signed form will be routed to the department chairperson, the Vice President of Academic Programs, and the Admissions Office for final approval.

### **Transfer Credits**

Before a course from another institution will be accepted toward a SIPI certificate or degree, the following requirements must be satisfied:

- Admissions must receive official transcripts from all schools where coursework was completed.
- The academic advisor will evaluate the transfer credits to determine which transfer credits may be applied toward the student's program of study.
- Transfer credits in any degree program of study offered by SIPI must have a letter grade of C or higher, provided the classes are similar or equivalent to courses offered at SIPI.
- A minimum of 24 residency hours in a core area is required for the award of a certificate or degree.
- Official transcripts submitted to SIPI Admissions and Records become the property of the institution and will not be transferred or returned to the student.
- Only credits from regionally accredited institutions are transferrable.
- To receive transfer credit for career and technical courses, the student must request a copy of the transcript(s) from the SIPI's Admissions Office and submit them to the appropriate academic division for review. An interview and/or demonstration of competence may be required before the decision regarding credit is made. Demonstration of competence is required for all transfer credit more than 10 years old.
- Remedial courses and upper-division courses, 300 & 400 levels, are not generally transferable.

### **Quarter System Evaluation**

SIPI operates on a trimester academic year. Transfer courses from a post-secondary institution that uses a quarter system will be recalculated to trimester hours (one quarter hour equals 2/3 (0.66) trimester hour) to determine acceptability.

### **Military Credits**

Credit for military service is granted to those students who have served in the armed forces. Credit for Physical Education (1 credit) and Health (2 credits) may be granted, provided the course(s) is/are part of the student's program of study. The prospective student must provide a Department of Defense Form 214 (DD Form 214), to the Director, Admissions and Financial Aid during the application process.

*Office of Admissions  
Southwestern Indian Polytechnic Institute  
P.O. Box 10146, 9169 Coors Rd NW  
Albuquerque, NM 87184  
(505)346-2324*

## Request for Non-Disclosure of Directory Information

The Southwestern Indian Polytechnic Institute, SIPI Re: Privacy Holds:

“At its discretion Southwestern Indian Polytechnic Institute may provide *directory information* in accordance with the provisions of the *Family Educational Rights and Privacy Act*. Directory information is defined as that information which would not generally be considered harmful or an invasion of privacy if disclosed. Designated directory information at University of X includes the following: student name, permanent address, local address, temporary address, electronic mail address, telephone number, dates of attendance, degrees and awards received.

Students may withhold directory information by notifying the Registrar in writing; please note that such withholding requests are binding for all information to all parties other than for educational purposes. Students should consider all aspects of a *directory hold* prior to filing such a request. Although the initial request may be filed at any time, requests for non-disclosure will be honored by the SIPI until removed by the student.”

Please consider very carefully the consequences of any decision by you to withhold any category of directory information. Such designation will call for SIPI not to release any or all of this directory information; any future requests for such information from non-institutional persons or organizations will be refused.

SIPI will honor your request to withhold any of the categories listed below but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, SIPI assumes no liability as a result of honoring your instructions that such information be withheld.

Please mark the appropriate boxes and affix your signature below to indicate your disapproval for the institution to disclose the following directory information:

- |  |  |
|--|--|
| <input type="checkbox"/> student name            | <input type="checkbox"/> telephone number                              |
| <input type="checkbox"/> permanent address       | <input type="checkbox"/> photo   |
| <input type="checkbox"/> local address           | <input type="checkbox"/> dates of attendance                           |
| <input type="checkbox"/> temporary address       | <input type="checkbox"/> degrees and awards received                   |
| <input type="checkbox"/> electronic mail address | <input type="checkbox"/> <b>all</b> directory information listed above |

DATE

STUDENT NAME

SEMESTER/QUARTER

YEAR

STUDENT SIGNATURE

Note: Requests for non-disclosure will be honored by the SIPI for no more than one academic year. Re-authorization to withhold directory information must be filed annually in the Office of the Registrar within the first two weeks of the fall semester.

## 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 30 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 SIPI Admission, P.O. Box 10146, Albuquerque, NM 87184. 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 consent of the respondent. The primary purpose and routine uses of this information is to determine eligibility for postsecondary educational services of the Southwestern Indian Polytechnic Institute, 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.