



**Application for Admission**  
**SOUTHWESTERN INDIAN POLYTECHNIC INSTITUTE (SIPI)**

"A National Indian Community College"  
 P.O. Box 10146 Albuquerque, New Mexico 87184  
 United States Department of the Interior  
 Bureau of Indian Affairs

IMB CONTROL #1076-0114  
 EXPIRES:

I am applying as a:

Which trimester do you intend to begin taking courses?  
 FALL    SPRING    SUMMER   YEAR \_\_\_\_\_

- New Student                       Concurrent Student (HS)  
 Readmit Student\*                 Transfer Student\*  
 Extended College (SP)             Non-degree 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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Place of Birth (City, State)	Date of Birth (Mo., Day, Yr.) <i>You must be 18 years of age or older to apply for the GED program</i>	U.S. Social Security No.
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Gender (check one): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Are you a member of a U.S. Federally Recognized Tribe? <i>If yes, provide copy of CIB with application.</i> <input type="checkbox"/> YES <input type="checkbox"/> NO    Name of Tribe: _____
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Notify in Case of Emergency (Name, Address)	Relationship	Telephone No. (     )
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Circle Highest Grade Completed in School:	Elementary/Secondary School 7 8 9 10 11 12	College 1 2 3 4	Remarks:
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Name and Address of Last High School Attended	High School Graduation Date (Mo., Day, Yr.) <i>Provide a copy of official transcript showing graduation date</i>
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If you have not graduated from high school, have you passed a GED test?    YES       NO    If your answer is yes, provide a GED Report of Test Results.

Are you a U.S. Veteran?  
 YES    NO *If your answer is yes, please include a copy of your latest DD-214 Form with this application*

<b>*FOR TRANSFER AND READMISSION STUDENTS ONLY:</b>			
List <u>all</u> post-secondary schools, colleges, and universities in order of attendance. Transfer students MUST request all collegiate institutions presently or previously attended to mail official transcript(s) of academic records directly to the Office of Admissions & Records of this college. Applications will not be processed until all required items are received by the SIPI Admissions and Records Office.			
Name of School	Address (City & State)	Dates Attended	Credits Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**GENERAL INFORMATION -- Please answer all questions.**

Will you require student dormitory housing?       Yes    No

Do you require special services (e.g., disabilities)?       Yes    No

If yes, state needs: \_\_\_\_\_

Are you currently on or pending criminal probation or parole?    Yes    No

If yes, explain: \_\_\_\_\_

EXPIRES:

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 reside on your tribal reservation? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you speak your tribal language? <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's 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's 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 mark an "X" next to any or all of the statements that apply to you.

- |  |  |
|--|--|
| <input type="checkbox"/> Obtain an Associate Degree                      | <input type="checkbox"/> Meet certification/licensure requirements |
| <input type="checkbox"/> Obtain a Certificate                            | <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

#### 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

(      )

Address (Number, Street, Rt., Box, City, State, Zip)

Telephone No.

## **Paperwork Reduction Act and Public Burden Statement:**

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

This information is collected of Native American and Alaska Native individuals to determine eligibility for post-secondary education services, assist in the enrollment process, identification of students, identification of needed health and counseling services, safety issues related to dormitory situations and for record keeping purposes. The completed admissions forms are electronically entered into Southwestern Indian Polytechnic Institute's Admissions and Records system to identify and maintain current information on students, the collected data is used in responding to the Office of Indian Education Program's budget information requests from the Department of the Interior, Office of Management and Budget, and Congress, the collected information is used to supply needed information to counselors for student services and is used by health professionals to aid in the provision of health services. The estimated burden of completing this form will take an average of 30 minutes to gather all related information and to complete form. If you wish to make comments on the form, please send them to the Information Collection Control Officer, Bureau of Indian Affairs, 1849 C Street NW, Mail Stop 4603 MIB, Washington, DC 20240. **Note: comments, names and addresses of commenters 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. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget and assigned a number and expiration date. The number and expiration date are at the top right corner of the form. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless there is a valid IMB clearance number.**

## **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 Affairs will not disclose any record containing such information without the written consent of the respondent unless the requestor uses the information to perform assigned duties. 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 may affect your eligibility for educational services.