

Admission Application

Haskell Indian Nations University

Application for Admissions

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

DEADLINES: Fall – June 1 Spring – November 15 Summer – April 15

What semester are you planning to attend Haskell? Fall 20__ Spring 20__ Summer 20__

Legal Name: (as appears on legal documents, i.e. birth certificates, court documents)

Last Name

First Name

Middle

Maiden/Other Names

Social Security Number

Please select which degree you are pursuing:

- Associate of Arts (A.A.) Degree Bachelor of Arts (B.A.) Degree
 Associate of Science (A.S.) Degree Bachelor of Science (B.S.) Degree

Please write your major on the line.

Permanent Mailing Address:

Street or P.O. Box

City

State

Zip Code

Telephone

E-Mail Address

Please select the your enrollment status:

- 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:

- Parent Spouse Other:

Last Name First Name

Please write relationship.

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: Male
 Female

Marital Status: Single Married
 Separated Divorce

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

If yes, explain:

Tribal Information:

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? Yes _____ No _____

Date of Graduation _____

Anticipated Date of Graduation _____

Have you taken the GED: No Yes _____*If you have taken the GED please submit a copy of your scores*

Date of GED Exam _____

Contact Information:

Office of Admission
 Haskell Indian Nations University
 155 Indian Ave #5031
 Lawrence KS 66046-4800
www.haskell.edu

College or University Information:Have you ever attended a class at another college or university? No Yes _____Have you been awarded a degree from a University/College? No Yes _____ Degree/School 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:

- Verification- Tribal Enrollment (With Identification Number)
- Immunization (Showing two doses of Measles, Mumps & Rubella or MMR)

Have the following relevant documents sent to Haskell via Mail or secure digital method such as Parchment or National Student Clearinghouse.

- | | |
|---|--|
| <input type="radio"/> Official High School Transcript | Official College(s) Transcript |
| (Send most current transcript if still in high school) | <input type="radio"/> 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 _____

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.