

NEW/TRANSFER

CONFIDENTIAL

OMB Control No. 1076-0114
Expires 12/31/08



Haskell Indian Nations University

Application for Admissions

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

DEADLINES: Fall – June 30 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

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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

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Telephone E-Mail Address

Demographic Information

Date of Birth: Place of Birth

/ /

MM/DD/YYYY City State

Gender: 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: _____

Degree of Blood or 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

_____ Date of Graduation

No

_____ 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

Have you taken the ACT/SAT: **(Required)**

If you have taken the ACT/SAT, please have your official scores sent to Haskell Indian Nations

No Yes

_____ Date of ACT/SAT Exam

School Code - 010438; ACT Haskell Code – 1415; SAT Haskell Code - 0919

College or University Information:

Have you ever attended a class at another college or university? No Yes

Have you been awarded an associates degree or will be completing a degree? No Yes

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

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

Please mail the following that apply to you and mail your documents to the address below:

- Completed Application
- \$10.00 Money Order
- High School Transcript
- Official ACT/SAT scores
- Copy of GED score (*if applicable*)

Mailing Address:

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

- Official College(s) Transcript
- Immunization (MMR1 & 2)
- Copy of Tribal Enrollment Card
- Essay