



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



300-Admissions/Records
(505) 346-2338

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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Gender (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:*

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.			
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.

CLINICAL RECORD -- REPORT OF MEDICAL EXAMINATION OF SCHOOL CHILDREN

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 IDENTIFICATION NO.	
8. PERMANENT ADDRESS OF PARENT OR GUARDIAN					9. DATE OF EXAMINATION	
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:

<p>22. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)</p> <p>0 - Restorable teeth X - Missing teeth (6 x 8) - Fixed bridge, brackets 1 - Non-restorable teeth XXX - Replaced by dentures to include abutments.</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding: 0 5px;">RIGHT</td> <td style="padding: 0 5px;">1</td> <td style="padding: 0 5px;">2</td> <td style="padding: 0 5px;">3</td> <td style="padding: 0 5px;">4</td> <td style="padding: 0 5px;">5</td> <td style="padding: 0 5px;">8</td> <td style="padding: 0 5px;">7</td> <td style="padding: 0 5px;">8</td> <td style="padding: 0 5px;"> </td> <td style="padding: 0 5px;">9</td> <td style="padding: 0 5px;">10</td> <td style="padding: 0 5px;">11</td> <td style="padding: 0 5px;">12</td> <td style="padding: 0 5px;">13</td> <td style="padding: 0 5px;">14</td> <td style="padding: 0 5px;">15</td> <td style="padding: 0 5px;">18</td> <td style="padding: 0 5px;">LEFT</td> </tr> <tr> <td></td> <td style="padding: 0 5px;">32</td> <td style="padding: 0 5px;">31</td> <td style="padding: 0 5px;">30</td> <td style="padding: 0 5px;">29</td> <td style="padding: 0 5px;">28</td> <td style="padding: 0 5px;">27</td> <td style="padding: 0 5px;">26</td> <td style="padding: 0 5px;">25</td> <td style="padding: 0 5px;"> </td> <td style="padding: 0 5px;">24</td> <td style="padding: 0 5px;">23</td> <td style="padding: 0 5px;">22</td> <td style="padding: 0 5px;">21</td> <td style="padding: 0 5px;">20</td> <td style="padding: 0 5px;">19</td> <td style="padding: 0 5px;">18</td> <td style="padding: 0 5px;">17</td> <td></td> </tr> </table>	RIGHT	1	2	3	4	5	8	7	8		9	10	11	12	13	14	15	18	LEFT		32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
RIGHT	1	2	3	4	5	8	7	8		9	10	11	12	13	14	15	18	LEFT																					
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17																						

23. DATE OF DENTAL EXAMINATION	24. SIGNATURE OF EXAMINER
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LABORATORY FINDINGS

25. URINALYSIS		28. HEMATOCRIT OR HEMOGLOBIN	
A. SPECIFIC GRAVITY	D. MICROSCOPIC		
B. ALBUMIN			
C. SUGAR			
27. SEROLOGY (Specify test used and result.)	28. EKG	29. BLOOD TYPE AND RH FACTOR	30. OTHER TESTS

31. CHEST X-RAYS (Place, date, film number and result.)	32. NAME OF FACILITY OR CLINIC
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MEASUREMENTS AND OTHER FINDINGS

33. HEIGHT	34. WEIGHT	35. BUILD <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	36. BLOOD PRESSURE (<i>Arm at heart level</i>) A. Systolic B. Diastolic
37. PULSE (<i>Arm at heart level</i>) A. Sitting B. After exercise		38. VISION Right 20/ Corr. to 20/ Left 20/ Corr. to 20/	39. DATE OF EXAMINATION AND SIGNATURE OF EXAMINER

40. HEARING (<i>Indicate test used and findings</i>) Right Left	41. PSYCHOLOGICAL AND PSYCHOMOTOR (<i>Tests used and score.</i>)
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42. DATE OF EXAMINATION AND SIGNATURE OF EXAMINER	44. NOTES (<i>Describe every abnormality in detail. Enter pertinent Item Letter before each comment.</i>)
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43. CLINICAL EVALUATION (*Check each Item in appropriate column.*)

NORMAL	AB-NORMAL	NOT EVALUATED	ITEM
			A. HEAD, FACE, NECK AND SCALP
			B. NOSE
			C. SINUSES
			D. MOUTH AND THROAT
			E. EARS - GENERAL
			F. DRUMS (<i>Perforation</i>)
			G. EYES - GENERAL (<i>Include examination for trachoma</i>)
			H. OPHTHALMOSCOPIC
			I. PUPILS AND OCULAR MOTILITY
			J. LUNGS AND CHEST
			K. HEART AND VASCULAR SYSTEM
			L. ABDOMEN AND VISCERA (<i>Include hernia</i>)
			M. ANUS AND RECTUM
			N. ENDOCRINE SYSTEM (<i>Include indication of puberty</i>)
			O. G-U SYSTEM
			P. UPPER EXTREMITIES
			Q. FEET AND LOWER EXTREMITIES
			R. SPINE, OTHER MUSCULOSKELETAL
			S. IDENTIFYING BODY MARKS, SCARS, TATTOOS
			T. SKIN LYMPHATICS
			U. NEUROLOGIC (<i>Equilibrium Included</i>)
			V. PSYCHIATRIC (<i>Specify any known personality deviation</i>)

45. SUMMARY OF DEFECTS AND DIAGNOSIS (<i>List diagnoses with Item Letters. Include allergies, especially drug allergies.</i>)
46. RECOMMENDATIONS (<i>Further specialist examinations and follow-up indicated. Specify.</i>)

47. SIGNATURE OF EXAMINING PHYSICIAN	48. 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 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 Attn: Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240. 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 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 it may affect your eligibility for educational services.