



**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 (Sept-Dec)  SPRING (Jan-Apr)  SUMMER (May-Aug) YEAR: \_\_\_\_\_

I am applying as a:  NEW STUDENT  READMIT STUDENT  TRANSFER STUDENT  NON-DEGREE STUDENT OTHER: \_\_\_\_\_

Legal Name (Last, First, Middle) \_\_\_\_\_ Maiden Name / Previous Name \_\_\_\_\_

Legal or Permanent Address (Number, Street, Route, Box) \_\_\_\_\_ Address Location (City, State, Zip Code) \_\_\_\_\_

If Commuter, Address While Attending SIPI (Number, Street, Box, Zip Code) \_\_\_\_\_ 10-digit Phone Number (1) \_\_\_\_\_ 10-digit Phone Number (2) \_\_\_\_\_

Current E-mail (1) \_\_\_\_\_ Alternate Current E-mail (2) \_\_\_\_\_

Gender:  MALE  FEMALE Birth Date (Month/Day/Year) \_\_\_\_\_ Place of Birth (City, State) \_\_\_\_\_ Social Security Number (SSN) \_\_\_\_\_

Emergency Contact (Name, Address) \_\_\_\_\_ Relationship to You \_\_\_\_\_ 10-digit Phone Number \_\_\_\_\_

Are you a member of a U.S. Federally Recognized Tribe?  YES  NO Name of Tribe: \_\_\_\_\_

Please attach a copy of your Certificate of Indian Blood (CIB).

Check Highest Grade Completed in High School:  7  8  9  10  11  12 High School Graduation Date (Month/Day/Year) \_\_\_\_\_

Attach a copy official High School Transcript showing a graduation date.

Name of Last High School Attended \_\_\_\_\_ Address (City, State) of Last High School Attended \_\_\_\_\_

If you have NOT graduated from High School, have you taken a High School Equivalency Test (HSET)?  YES  NO  
If YES, attach a copy of your HSET Test results. You must be 18 years of age or older to apply for the HSET program.

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

FOR TRANSFER AND READMISSION STUDENTS ONLY: List all post-secondary schools (including SIPI), 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, attach a copy of your latest DD-214 form.  
Will you require student dormitory housing?  YES  NO If YES, attach a completed Housing Application.

What is your current marital status?  SINGLE  MARRIED  
Are you a single parent?  YES  NO  
Do you speak your tribal language?  YES  NO  
Do you reside on your tribal reservation?  YES  NO

Are you currently on pending Criminal Probation or Parole?  YES  NO If YES, please explain: \_\_\_\_\_

**GENERAL INFORMATION (Continued) - PLEASE ANSWER ALL QUESTIONS**

Are you the first generation of your family to attend a post-secondary educational institution?  YES  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? Select all 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             |  |

**EDUCATIONAL MAJOR:** (See programs of study in the college catalog.)

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

**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, Route, City, State, Zip)	10-digit Phone Number

**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 are limited to, sign language interpreters, note takers, audio recording, tutorial services, priority registration, parking, and classroom modification. Contact Student Services by phone at (505) 922-4093 regarding your disability. Student Services can arrange for and monitor services you need in compliance with the American Disabilities Act.

**Applications will not be processed until all required documents are received by the Office of Admissions and Financial Aid by the deadline date published in the academic calendar.  
Faxed applications (including supporting documents) will NOT be accepted.**