



Graduate Admission/Registration Form

South Dakota State University, Graduate School, Box 2201, Brookings SD 57007-1998

Legal Name _____ Social Security Number _____ - _____ - _____
Last First Middle

Former Name(s) _____ Preferred First Name _____ Birth Date _____

Permanent Mailing Address

Street _____ City _____ State _____ Zip Code _____

Telephone (____) _____ - _____ E-mail Address _____

Emergency Contact

Name _____ Relationship to you _____

Street _____ City _____ State _____ Zip Code _____

Telephone (____) _____ - _____ E-mail address _____

Residency

Have you lived in South Dakota for the past 12 months? Yes No

If you are a South Dakota resident, but you have not lived in South Dakota for the past 12 months, please explain _____

The following information is optional. The information is used in compliance with Title VI of the Civil Rights Act of 1964. Your responses in no way affect your admission.

Gender Male Female Marital Status _____

Ethnic Group . American Indian or Alaskan Native Asian or Pacific Islander Black, not of Hispanic Origin Hispanic
White, not of Hispanic origin Other Do not wish to respond

Citizenship: USA Resident Alien Other (Specify Citizenship) _____ Country of Birth _____

Educational Data

A bachelor's degree from an ACCREDITED institution is a prerequisite for pursuing graduate work. (Coursework numbered 500 and above.)

Institution Bachelor's Degree Earned: _____
School City State Date Obtained

Have you ever enrolled in graduate classes at a South Dakota public university? Yes No If yes, where? _____

The \$35 application fee is required of degree seeking students only.

Semester you wish to enroll: Fall ___ Spring ___ Summer **XX**
Will you be pursuing a degree at SDSU? ___ Yes **XX** No, I am applying as a non-degree student.

If yes, what degree? **NOT SEEKING DEGREE AT THIS TIME**

Have you ever enrolled in classes at SDSU? . Yes . No If so, when? _____

For Office Use Only:

___ Admissions
___ Records

Total Money Rec'd:

\$ _____
Cash Check Credit Card

Course Information: Location of class(es) Various Off Campus

5 Digit Course Number	Dept.	Course Number	Section	Course Title	Credit Hours
07933	CTE	563	S02	Technical and Industrial Experience	1

All answers I have given on this application are complete and accurate to the best of my knowledge. If admitted, I agree to observe the rules and regulations of South Dakota State University and to pay all fees and charges assessed there under.

Signature _____ Date _____

GS01