

South Dakota State University

Undergraduate Admission/Registration Form

Admissions Office, Box 2201, Brookings SD 57007

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 (____) _____ - _____

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
 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

High School Attended _____
School City State
 Date of High School Graduation (MM/YY) ____/____/____ If not a high school graduate, date of GED (MM/YY) ____/____/____
 Have you taken the ACT test? Yes No Date Tested (MM/YY) ____/____/____ Composite Score _____
 Have you taken the SAT test? Yes No Date Tested (MM/YY) ____/____/____ Composite Score _____
 Were your scores sent to SDSU? Yes No
 Have you ever enrolled in classes at another South Dakota public university? Yes No If yes, where? _____

Semester you wish to enroll: Fall _____ Spring _____ **XX** Summer 2008
 Will you be pursuing a degree? _____ 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? _____
If you are pursuing a degree, please fill out the back of this form.

For Office Use Only:
 _____ Admissions
 _____ Records
 Total Money Rec'd:
 \$ _____
 Cash Check Credit Card

Course Information

Location of class(es) Off - Campus

5 Digit Course Number	Dept.	Course Number	Section	Course Title	Credit Hours
07925	CTE	CTE 463	S02	Technical & 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 thereunder.

Signature _____ Date _____