

Online and Continuing Education



Non-Degree Application

APPLICANT INFORMATION

Last Name		First		Middle		
Former Name(s)				Social Security #		
Street Address				Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
City		State		ZIP		
Phone			E-mail Address			
Ethnicity	<input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> No Response <input type="checkbox"/> Other					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of Birth (dd/mm/yyyy)			
Emergency Contact			Relationship		Phone	
Have you ever been dismissed or suspended from any SD Board of Regents education institution?				NO <input type="checkbox"/>	YES <input type="checkbox"/> When?	

EDUCATION

High School		From		To		Did you graduate?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Degree	
College		From		To		Did you graduate?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Degree	
College		From		To		Did you graduate?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Degree	
College		From		To		Did you graduate?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Degree	

COURSEWORK

Please list the courses you plan on taking during the term of registration

(Students registering for Math, English, or Science courses must meet the enrollment standards. See current Course Catalog for specific details)

Section Name and Title	University/Location	Professor	Credits
Beginning Term	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER		Year

DISCLAIMER AND SIGNATURE

All answers I have given on this application are accurate and true. I agree to observe the rules of the South Dakota Board of Regents and to pay all fees and charges assessed. My signature below authorizes the release of my high school transcript and rank if requested. I agree to provide all required immunization documentation prior to the term start date. I acknowledge that federal law permits institutions of higher education to disclose academic and enrollment information about me to staff that need to know such information to carry out their administrative tasks. I understand and acknowledge that the institutions that comprise the South Dakota system of higher education are also permitted to share such academic and enrollment information, either within or outside the South Dakota system of higher education, when I transfer between institutions, or when I enroll in coursework from more than one institution during a term. I understand that by transferring between institutions, I will be deemed to have consented to the disclosure of academic information about myself.

Signature		Date	
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