



# ADMISSIONS APPLICATION

**BLACK HILLS**  
STATE UNIVERSITY

**SEND TO BHSU ADMISSIONS:**

Mail Application and \$20 fee to:  
Office of Admissions  
1200 University St, Unit 9502  
Spearfish, SD 57799-9502

- Official high school transcript or GED scores
- College transcript(s) - if applicable
- ACT/SAT scores
- Immunization Record

Legal Name \_\_\_\_\_ Social Security Number\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle \*Please see privacy information on page 2

Former Name(s) \_\_\_\_\_ Preferred First Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
(If different than legal name)

**MAILING ADDRESS**

Street \_\_\_\_\_ City \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Name of Parent/Guardian \_\_\_\_\_ Parent/Guardian E-mail \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

**Citizenship:**  USA  Permanent Resident  Refugee/Asylee  Other (If "other", please specify) \_\_\_\_\_  
If you checked Citizenship other than USA, please specify Citizenship \_\_\_\_\_, and Country of Birth \_\_\_\_\_

**Selective Service Registration:** Pursuant to South Dakota Codified Law § 13-53-1.1, I understand that to be eligible to enroll at any SD state supported college/university, I must register, or be exempt from registration, with the Selective Service System.

- I am registered with the Selective Service System.
- I am not required to register with the Selective Service System (possible reasons why you may not be required to register with the Selective Service System include: I am female, I am under 18 years of age, I am an exempt resident alien, or I was born before 1960. Other reasons may apply. Visit [www.SSS.gov](http://www.SSS.gov) for more information).
- No, I am exempt from the registration requirement

**Residency:** Have you lived in South Dakota for the past 12 months?  Yes  No  
If No, what state did you live in prior to SD? \_\_\_\_\_  
In what state are you a resident? \_\_\_\_\_  
South Dakota residents should also list the county in which you reside \_\_\_\_\_  
If you are a South Dakota resident, but you have not lived in South Dakota for the past 12 months, please explain:  
\_\_\_\_\_

Please answer the following questions.

- Yes  No Did you graduate from a South Dakota high school?
- Yes  No Were you a South Dakota resident at the time of graduation and living with a parent or legal guardian who was also a South Dakota resident?
- Yes  No Are you married to a resident of South Dakota?

**Veteran Information:** BHSU provides a variety of financial aid and student support services to Veterans, National Guard/Reservists, and U.S. Armed Service members that are intended to foster success for military personnel in their postsecondary experience. We ask that you respond to the items below to assist in identifying military personnel to ensure that we can best coordinate these services.

- Yes  No Have you ever been a member of the US armed forces?
- Yes  No Are you currently a military service member?
- Yes  No Are you a spouse or child of a current or former service member?

**Child of BHSU Alum:**  Yes  No Is your parent/legal guardian a BHSU alum? If yes, what is their year of graduation? \_\_\_\_\_

**Semester and year you wish to enroll:**  Fall  Spring  Summer, then Fall  Summer Year \_\_\_\_\_

**Educational Goal:** Check the option below that best describes your educational goal.

- Option A I plan to pursue a degree.  
Check one:  Bachelor's Degree (4 year degree) **OR**  Associate's Degree (2 year degree)
- Option B I do not plan to pursue a degree and will be taking courses as a non degree seeking student. I understand that this educational goal does not qualify me to receive federal financial aid.
- Option C I will be enrolling in a certification program and do not plan to pursue a degree. I understand that this educational goal may not qualify me to receive federal financial aid.

- A. What is the highest level of education your parents have obtained?  
 High school    Associate degree    Bachelor degree    Master's/Doctoral degree
- B. Do you plan to live on campus in a residence hall?    Yes    No
- C. Did you stop attending a South Dakota public university because you were deployed by the military?    Yes    No
- D. Are you interested in pursuing a career in teaching?    Yes    Possibly    No

Planned major \_\_\_\_\_

Will you be a:    Full-time student   **OR**    Part-time student

Which location(s) do you plan to attend:    Spearfish Main Campus    Black Hills State University-Rapid City (No Campus Housing)  
 Online (Not all programs are available online. Please refer to BHSU.edu/Distance.)

### PRIOR EDUCATION

High School Attended \_\_\_\_\_  
School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date of High School Graduation (MM/YY) \_\_\_\_\_ / \_\_\_\_\_   **OR**   GED (MM/YY) \_\_\_\_\_ / \_\_\_\_\_

Have you taken the ACT/SAT test?    Yes    No   Date Tested (MM/YY) \_\_\_\_\_ / \_\_\_\_\_   Composite Score \_\_\_\_\_

Have you enrolled in any college courses while in high school?    Yes    No (If yes, please fill out post secondary education section below.)

### Post Secondary Education

List any institutions you have attended, regardless of length of attendance, and even if no work was completed. Failure to list all institutions previously attended may result in loss of credit and/or dismissal.

Name of Institution	Location (City/State)	From Month/Year	To Month/Year

### SIGNATURE

All answers I have given on this application are accurate and true. If admitted, I agree to observe the rules of the South Dakota Board of Regents and to pay all fees and charges assessed. My signature below also authorizes the release of my high school transcript and rank if requested. If admitted, I agree to provide all required immunization documentation. I acknowledge that federal law permits institutions of higher education to disclose academic, enrollment, and financial aid information about me to staff who 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, enrollment and financial aid information, either within or outside the South Dakota system of higher education, when I transfer between institutions, when I enroll in coursework from more than one institution during a term or when I enroll in courses offered by a university other than the one that will grant my degree. I understand that by transferring between institutions, selecting courses from more than one institution during a term in which I received federal financial aid or enrolling in courses offered by a university other than the one that will grant my degree, I will be deemed to have consented to the disclosure of academic and financial aid information about myself. I certify that the information recorded on this application is correct. I understand that falsification of information may result in denial of admission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**USE OF SOCIAL SECURITY NUMBER**  
Privacy Information

We are requesting your SSN for administrative record accuracy and reporting. Disclosure of your SSN is voluntary and if you decline to provide it to us this action will not affect your admissions eligibility. However, we request this information from you in order to meet our federal obligation to report student employment, Hope and Lifetime scholarship tax information, and federal financial aid. The SSN is confidential information under the Federal Educational Rights to Privacy Act and we will not release it without your consent. Having your SSN on record will enable the university to keep accurate information and to report it promptly.

**Information Request**

The information requested below is used to comply with Title VI of the Civil Rights Act of 1964. As an applicant, responding to these questions is optional and your response will in no way affect your admission. However, we are asking for the information now to avoid a separate request once a person is an enrolled student. We use the data in aggregated form only to comply with federal reporting requirements.

**Gender:**    Male    Female

**Choose one:**    Non-Hispanic or Non-Latino    Hispanic or Latino

**Choose as many as apply:**    American Indian or Alaskan Native    Asian    Black or African American  
 Native Hawaiian or Other Pacific Islander    White

South Dakota universities offer all educational programs, material, and service to all people without discrimination based on race, color, creed, national origin, ancestry, citizenship, gender, sexual orientation, religion, age or disability. South Dakota universities are Equal Opportunity/Affirmative Action Employers.