Admission Application

Phone: (785) 749-8454; Web Site: www.haskell.edu

Application for Admissions

DEADLINES: Fall – June 1 Spring – November 15 Summer – April 15

What semester are you planning to attend Haskell? O Fall 20___ O Spring 20___ O Summer 20___

Legal Name: (as appears on legal documents, i.e. birth certificates, court documents)

Last Name	First Name		Middle
		~	
Maiden/Other Names		Security Nu	
r rease sereer which degree	Associate of Arts (A.A.) Degree	0	Bachelor of Arts (B.A.) Degree
	Associate of Science (A.S.) Degree	0	Bachelor of Science (B.S.) Degree
Please write your major on the line.			
Permanent Mailing Address:			
Street or P.O. Box		City	State Zip Code
Telephone		E-Mail A	ddress
Please select the your enrollment st	tatus: O Full-Time Student (Enrolled in <u>12 or more</u> credits)	С	Part-Time Student (Enrolled in <u>less than 12</u> credits)
Please select the your housing statu	o On-Campus		O Off-Campus
Theuse select the your housing state	(Must be enrolled in 12 credits))	(Please list local address below.)
Street or P.O. Box		City	State Zip Code
In case of an emergency, plea	se provide the following inform	ation:	
	\bigcirc Parent \bigcirc Spous	e O	Other:
Last Name First Name			Please write relationship.
Street or P.O. Box		City	State Zip Code
Succe of 1.0. Box		City	State Zip Code
Telephone E-Mail Address			
Applicant Demographic Info	rmation		
Date of Birth:	Place of Birth		
MM/DD/YYYY	City		State
Gender: O Male	Marital Status: 🔿	Single	 Married
○ Female	0	Separat	ed O Divorce
Are you currently on or pendin	g criminal probation or parole?	O No	• • Yes
If yes, explain:			



CONFIDENTIAL

OMB Control No. 1076-0114

Tribal Agency:		Tribal Rol	l Number:
Name of Tribe, Pueblo, Corporation, or Rancheria			
High School Information:			
		<u></u>	
Name of High School	City	State	Date From Date
Have you graduated from high school? O Yes	C		
Dat	e of Graduation	Anticipated Date of	
Have you taken the \bigcirc No \bigcirc Yes			<u>Information:</u> Admission
GED: ONO Ores		Haskell Ir	dian Nations University
If you have taken the GED pleaseDate of GED Exam155 Indian Ave # Lawrence KS 66submit a copy of your scoresLawrence KS 66			
College or University Information:		www.hasl	
Have you ever attended a class at another college or un	iversity? O N	o O Yes	
	-		
Have you been awarded a degree from a University/Co	llege?	\cup NU () Yes	
Have you been awarded a degree from a University/Co	llege?	\circ No \circ Yes	Degree/School Nan
	City	State O Yes	Month/Year Month/
Name of College or University		- 105	
Name of College or University Name of College or University	City	State	Month/Year Month/
Name of College or University Name of College or University Miscellaneous Information:	City	State	Month/Year Month/
Name of College or University Name of College or University Miscellaneous Information: List any activities in which you would like to participat	City	State	Month/Year Month/
Name of College or University Name of College or University Miscellaneous Information: List any activities in which you would like to participat Please attach the following documents:	City City e:	State State	Month/Year Month/
Name of College or University Name of College or University Miscellaneous Information: List any activities in which you would like to participat	City City e:	State State	Month/Year Month/
C	City City e:	State State	Month/Year Month/
Name of College or University Name of College or University Miscellaneous Information: List any activities in which you would like to participat Please attach the following documents: o Verification– Tribal Enrollment (With Identit	City City e: fication Numb	State State	Month/Year Month/ Month/Year Month/
Name of College or University Name of College or University Miscellaneous Information: List any activities in which you would like to participat Please attach the following documents: • Verification– Tribal Enrollment (With Identit • Immunization (Showing two doses of Measle Have the following relevant documents sent to 1	City City e: fication Numb	State State	Month/Year Month/ Month/Year Month/ Month/Year Month/
Name of College or University Mame of College or University Miscellaneous Information: List any activities in which you would like to participat Please attach the following documents: • Verification– Tribal Enrollment (With Identit • Immunization (Showing two doses of Measle Have the following relevant documents sent to P Parchment or National Student Clearinghouse.	City City e: fication Numb	State State Der) Rubella or MMR) fail or secure digital r Official College(s)	Month/Year Month/ Month/Year Month/ Month/Year Month/

Student Signature

Date