

**Sitting Bull College
Division of Education
Application for Program Study Approval**

STUDENT APPLICATION

Directions

Your completed application package for this program should include:

1. A complete application for admission to the Sitting Bull College Admissions Officer.
2. Official copy of transcripts or GED forwarded to the Registrar at Sitting Bull College.
3. A completed application for admission to the SBC Division of Education Program (attached).
4. Three letters of recommendation, using the form provided by the Division of Education office.
5. Documentation of background check.
6. Completion of PRAXIS I test with scores held on file with the SBC Division of Education.
7. Completion of a one page essay using a disposition prompt provided by the Division of Education admissions committee.
8. Complete all Financial Aid applications (PELL, SEDG, CWS).

Your application will be considered incomplete until all of the above materials are submitted to the appropriate office. Personal interviews will be scheduled for all applicants.

Correspondence should be directed to the following address:

Kathryn Froelich, Division of Education Chair
Sitting Bull College
1341 92nd st
Fort Yates, North Dakota 58538

IDENTIFICATION DATA:

Name: _____

Street Address/P.O. Box #: _____

City, State, ZIP: _____

Phone # : _____ (home) _____ (work) _____ (cell)

OPTIONAL DATA:

SEX: _____ Male _____ Female

ETHNIC ORGIN: _____ Native American _____ Black _____ Asian
_____ Hispanic _____ Caucasian _____ Other

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH? _____ Yes _____ No
If yes, what language(s)? _____

BACKGROUND INFORMATION:

Have you had a background check? _____ Yes _____ No

Have you taken the North Dakota required Pre-Professional Skills Test (PRAXIS I)?
_____ Yes _____ NO

Are you now or have you even been employed as an aide/assistant in education?
_____ Yes _____ No

If yes, explain area/grades. _____

For how long? _____ Less than 3 months _____ 3-5 years
_____ 3-12 months _____ 6-9 years
_____ 1-2 years _____ 10 years or more

Have you done volunteer work in a school system or in the community? Did this experience include working with early childhood, after school programs, exceptional children or adults?
_____ Yes _____ NO

For how long? _____ Less than 3 months _____ 3-5 years
_____ 3-12 months _____ 6-9 years
_____ 1-2 years _____ 10 years or more

Please list your work experience in an educational system and/or with exceptional children or adults.

Place (School)	Type/Level Classroom	Job Title
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Are you presently employed? If yes where? _____

Circle your area of interest? Elementary Education, Early Childhood, Elementary/Special Education, Secondary Science.

Why do you want to enroll in one of the Bachelor of Science programs?

What is/are your long-range career goal(s)? _____

What characteristics do you possess that would make you a good

teacher? _____
