

UNDERGRADUATE CERTIFICATE

APPLICATION FOR ADMISSION



This form will be used by applicants who are seeking admission to an online Undergraduate Certificate program, but are not admitted to an undergraduate program at the University of South Dakota. Check with your advisor for information about how these credit hours may transfer to an undergraduate degree from USD. Applications will not be processed until the \$20 non-refundable application fee is submitted.

UNDERGRADUATE CERTIFICATE PROGRAMS:

To which undergraduate certificate program are you applying?

- Addiction Studies
- Communication and Leadership
- Dental Hygiene Leadership
- Healthcare Analytics
- Healthcare Leadership
- Management
- Personnel Supervision
- Small Business Entrepreneurship

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ Middle: _____

Other name(s), if any, that may appear on academic records _____

Social Security Number*: _____ Gender: Male Female

Date of Birth: _____ Place of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Are you a U.S. citizen?

Yes - What is your state or residency? ** _____ How long? _____

No - What country are you from? _____ Are you a U.S. permanent resident? Yes No

Which semester/year do you plan to enroll? Fall Spring Summer Year? _____

How did you learn about this certificate? _____

***Use of Social Security Number:** 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 number 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.

****To be classified as a South Dakota resident student** you must meet the following criteria: 1. You have continuously resided in South Dakota for at least twelve consecutive months immediately preceding the first scheduled day of classes at a SD institution of higher learning and you have not attended any classes offered by any college or university in the state of South Dakota during those 12 months OR 2. You are under 21 years of age and follow the residence of your parent(s) or legal guardian(s) and at least one of your parents is a resident of SD OR 3. You or your spouse or your parent/ legal guardian is in the military and has maintained SD as his/her Home of Record during the last 12 months. For exceptions see: www.usd.edu/registrar

EDUCATION HISTORY:

If college coursework has been completed any at an institution other than USD, list below; attach a separate sheet if necessary.

| Institution | Location | Degree Earned, if any | Date Earned |
|-------------|----------|-----------------------|-------------|
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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 admission. We are asking now to avoid a separate request once a student becomes enrolled. We use the data in aggregated form only to comply with federal reporting requirements.

1. Please indicate if you are of Hispanic/Latino(a) ethnicity: *(Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin)*
 Hispanic/Latino(a) Non Hispanic /Latino(a)
2. Please indicate your race (mark one or more):
 American Indian/Alaska Native *(Origins in any of original peoples of North America, and who maintains Cultural identification through tribal affiliation or community recognition)*
 Asian *(Original peoples of the Far East, Southeast Asia, the Indian subcontinent such as China, India, Japan, & Korea)*
 Black/African American *(Origins in any of the black racial groups of Africa)*
 Native Hawaiian/Other Pacific Islander *(Origins in any of original peoples of the Pacific Islands such as Philippine Islands, Samoa, and Hawaii.)*
 White *(Origins in any of the original peoples of Europe, North Africa, or the Middle East)*

SELECTIVE SERVICE:

Pursuant to South Dakota Codified Law 13-53-1.1, no male person born after December 31, 1959, may enroll at any state-supported college or university until he has answered the below statement in the affirmative:

Do you certify that you are registered with the Selective Service pursuant to the Military Service Act, 50 U.S.C. 453, as amended and in effect as of January 1, 1988, or that for a reason specified in 50 U.S.C. 453, you are not required to be registered?

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature: _____

I certify that the information contained in this application is factually correct and complete. I understand that the omission or misrepresentation of any information including enrollment in other colleges or university is sufficient grounds for canceling my admission or registration.

Signature: _____ Date: _____

Send all application materials to cde@usd.edu or mail to:

University of South Dakota
Division of Continuing and Distance Education
414 East Clark Street, Vermillion, South Dakota 57069-2390

Pay the \$20 Application Fee:

Credit cards and checks are acceptable forms of payment. Credit card payments must be made over the phone (1-877-COYOTES) and checks, made payable to the University of South Dakota, can be sent to the address above.

NOTICE OF NON-DISCRIMINATION

In accordance with the South Dakota Board of Regents Policy 1:19, the institutions under the jurisdiction of the Board of Regents shall offer equal opportunities in employment and for access to and participation in educational, extension and other institutional services to all persons qualified by academic preparation, experience, and ability for the various levels of employment or academic program or other institutional service, without discrimination based on sex, race, color, creed, national origin, ancestry, citizenship, gender, gender identification, transgender, sexual orientation, religion, age, disability, genetic information or veteran status or any other status that may become protected under law against discrimination. The Board reaffirms its commitment to the objectives of affirmative action, equal opportunity and non-discrimination in accordance with state and federal law. Redress for alleged violations of those laws may be pursued at law or through the procedures established by the provisions of 1:18 of this policy. For additional information, please contact the Director, Equal Opportunity and Chief Title IX Coordinator, Khara Iverson, 205 Slagle Hall, Vermillion, SD 57069. Phone: 605-677-5651 E-Mail: Khara.Iverson@usd.edu

Admission decisions are made without regard to disabilities. All prospective students are expected to present academic credentials at or above the minimum standards for admission and meet any technical standards that may be required for admission to a specific program. If you are a prospective student with a disability and need assistance or accommodations during the admission/application process, please contact the Director of Disability Services, 119B Service Center North, USD, Vermillion, SD 57069. Phone: 605-677-6389 Fax: 605-677-3172 E-Mail: dservice@usd.edu

Federal Law prohibits discrimination on the basis of disability (Section 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act of 1990), and the Americans with Disabilities Act Amendment Act of 2009. The University has designated Ms. Roberta Ambur, Vice President of Administration & ITS, as the Coordinator to monitor compliance with these statutes. This obligates USD and Ms. Ambur to provide equal access for all persons with disabilities.

FOR INTERNAL USE ONLY:

Chair/Director Signature: _____ Date: _____ A _____ D _____