

**Oglala Lakota College CEU Training Program
Participant Application Form**

Title of Learning Experience: _____ Date: _____

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____

Are you an enrolled member of a federally recognized tribe? Yes or No

If yes, which agency? _____ Enrollment number: _____

Attach Documentation: Tribal ID or Enrollment Certification.

High school diploma: Yes or No

Name of School: _____ Graduation Year: _____

G.E.D? Yes or No If neither, What is the highest grade you completed? _____

Have you ever taken any courses at Oglala Lakota College? Yes or No (If No, Please sign release below)

Have you completed any degree(s) at Oglala Lakota College? Yes or No

If yes, What Degree(s)? _____

****Note: Enrollment Office, this participant is requesting tribal certification be sent to OLC.**

You can send via fax 605-455-2666 or scan and email to kmontileaux@olc.edu.

I hereby grant permission to release tribal certification to:

Oglala Lakota College
Attn: Registrar's Office
490 Piya Wiconi Road
Kyle, SD 57752

Participant Signature

I hereby certify that the student referenced herein has completed _____ hours of attendance, earning a total of _____ Continuing Education Units (CEU).

Date

Instructor/Trainer