

MASTER OF EDUCATION PROGRAM

Potential students must submit an application package by the application deadline. Application deadlines are due April 1st for the fall semester. Applicants are encouraged to visit SBC and the SBC Education Department faculty before applying to the graduate program.

Requirements of Application Package:

1. Complete the SBC Graduate Application in Education for enrollment at SBC (found on the SBC website).
2. Request official transcripts from all previous colleges and universities be sent to SBC, which must include a four-year bachelor's degree from an accredited college or university.
3. Transcripts must show a cumulative grade point average of 2.75 or at least 3.00 in the last two years of the undergraduate degree program. Please note: Students with cumulative grade point averages below 2.75 may still apply, to be considered for acceptance into the graduate program in education at SBC.
4. Completed background check.
5. Resume
6. Praxis I and Praxis II scores (if undergraduate degree was in teaching). Please note: Students who do not have a degree in teaching are encouraged to apply to the graduate program in Education at SBC. Candidates who do not have a degree in education are not required to submit a Praxis I or Praxis II score.
7. Two letters of recommendation using the SBC Master of Education Application Form. Recommenders will need to be sent the letter of recommendation form (listed in the SBC Master of Education Graduate Application on the SBC website, which has two pages) by the candidate, fill it out, and send it to the college, not the candidate. The letters of recommendation should be completed by those who can attest to the candidate's likelihood that they will perform well in graduate school.
8. Personal Statement (3/4 to two pages in length for each question):
 - a. Please include a chronology of your life experiences and professional experiences that include teaching or practicums that are important to you. Please include reasons as to why these experiences will assist you in the pursuit of a graduate degree in education.

- b. List the skills, abilities, values, and characteristics that you feel are important to being successful in graduate school, as well as your current or future career.
- c. Describe your short and long term goals, as well as the importance of these goals.

Please note: Applications that are missing any of the above requirements will not be reviewed. All information should be sent to the following address: Sitting Bull College, Education Department, 9299 Highway 24, Fort Yates, ND 58538.

Criteria for Admissions:

1. Completion of 32 credits at or above the 500 course-number level.
2. A minimum of 24 credit hours must be completed at SBC if transferring in from another accredited college or university. Up to nine (9) credits may be transferred in from another accredited college or university. Please note: If transferring in nine (9) credits, graduate students may still need to complete more than 24 credit hours, in order to receive their master's degree in education at SBC.
3. Maintain a grade point average (GPA) of 3.0 or higher in the program of graduate study, and earn at least a "B" in all courses.
4. Completion of the degree requirements within six (6) years of acceptance.
5. Attend and participate in all graduate seminars/courses or presentations as scheduled.
6. Uphold and maintain academic honesty, personal responsibility, and professional integrity.
7. In the event that a graduate student does not complete all coursework within the two-year cohort timeframe, including the research thesis or scholarly project, he or she will need to enroll in a continuing education graduate credit at \$350 per semester, including summer session, until all requirements for completion of the master's degree in education at SBC have been fulfilled.

Special Notes:

A maximum of 15 graduate students will be allowed into each two-year cohort. In the event that more than 15 candidates apply to the program, acceptance into the program will become more competitive and priority will be given to those who appear (i.e., based on the submitted application materials) to be more likely to succeed in graduate school.

This program is set up to target, in particular, teachers who are already teaching full-time in nearby, surrounding communities, as well as Native Americans who are pursuing a master of education degree. Therefore, the meeting times will typically revolve around teachers' work schedules. Please keep in mind that it will not always be possible to honor everyone's requests with regard to the scheduling of classes. The program will be offering courses in the evenings (beginning sometime between 4:30 and 6:00) and possibly some weekends. Students will be polled as to when they can and cannot meet, get input on preference, and then a final decision will be made as to whether to offer a course at a different time. Scheduled times during fall and spring semesters will meet at the originally scheduled time in most cases. The instructor has the final say. Summer session meeting times will be different compared to fall and spring semesters. Summer session will meet during the day, and possibly meet on Saturdays for eight (8) hours each instance.

For the two-year cohort that begins in August, graduate students will take six (6) credits in the fall and spring semesters (i.e., four semesters) and eight (8) credits for summer session the first year. A total of five (5) semesters will fulfill the obligation of completing the master of education in curriculum and instruction degree. A total of 32 semester credits must be completed by the end of spring semester during year two. Since this is a two-year cohort, all graduate students will not have the option of taking elective courses. All courses have been preselected. Graduate students in the two-year cohort will be in the same courses as all other graduate students from the start of the program to the end of the program.



Graduate Application for Admissions

Created 9/17/2014

Sitting Bull College

Phone: (701) 854-8000 www.sittingbull.edu

Sex Offender Policy: To increase the safety and welfare of the students, faculty and staff of Sitting Bull College, no convicted and registered sex offenders will be allowed to enroll in courses or allowed on any Sitting Bull College property.

Have you previously attended or applied to SBC: [] Yes [] No

If yes, under what name: _____

Legal Name: (as appears on legal documents, i.e. social security card, birth certificate, court documents)

Last Name

First Name

Middle

Maiden/Other Names

Social Security Number

Permanent Mailing Address:

Street or P.O. Box

City

State

Zip Code

()

Telephone

E-Mail Address

In case of emergency, please provide the following information:

Name

Telephone

Demographic Information:

Date of Birth: ____/____/_____
Month Day Year **Gender:** [] Male [] Female

Marital Status: [] Single [] Married [] Separated [] Divorced **# of Dependent Children:** _____

Race/Ethnicity: [] American Indian/Alaska Native [] Asian [] Black or African American [] Hispanic [] Native Hawaiian or Pacific Islander [] White

Are you an enrolled member of a Federally Recognized Tribe: [] Yes [] No

Are you a member of a Federally Recognized Tribe but not enrolled*: [] Yes [] No

*Must provide Certificate of Indian Blood of enrolled parent

Praxis I Scores (if applicable):

Reading Score: _____ Math Score: _____ Writing Score: _____ Year taken: _____

Praxis II Scores (if applicable):

Composite Area: _____ Composite Score: _____

Employment Information:

Are you currently employed: [] Yes [] No If yes, are you employed: [] Full-Time (20+ hours/week)
[] Part-Time (less than 20 hours/week)

Employer Name: _____

City: _____ State: _____ Telephone #: _____

Undergraduate Work - College or University Information:

Name of College or University	City	State
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Name of College or University	City	State
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Graduate Work - College or University Information:

Name of College or University	City	State
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Name of College or University	City	State
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Other Information:

Are you a US citizen: [] Yes [] No

Are you a veteran: [] Yes [] No If yes, what branch of service: _____

Are you responsible for caring for an elderly family member: [] Yes [] No

Do you speak a American Indian language: [] Yes [] No

If yes, do you consider your language skills to be: [] Limited [] Conversational [] Fluent

Did your father earn a bachelor degree: [] Yes [] No

Did your mother earn a bachelor degree: [] Yes [] No

Did you attend a Head Start Program as a child: [] Yes [] No

Which district do you reside in: [] Bear Soldier [] Cannon Ball [] Kenel [] Long Soldier [] Porcupine[] Rock Creek [] Running Antelope [] Wakpala [] Not Applicable

Certification of Information:

I certify that the information given on this application is correct and complete to the best of my knowledge.

Student Signature _____

Date _____

It is the policy of Sitting Bull College (SBC) to afford equal employment opportunities to all qualified individuals, without regard to their race, color, ancestry, religion, sex, sexual orientation, national origin, age, physical or mental disability, citizenship status, veteran status, gender identity or expression, or any other characteristic or status that is protected by federal, state or local law. This also applies to Sitting Bull College's admission practices, financial aid practices, athletics events, recreation activities, public events or other College policies and programs.

Sitting Bull College operates in accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendment Act of 1972, and Section 504 of the Rehabilitation Act of 1973.

**LETTER OF RECOMMENDATION FOR GRADUATE STUDY
SITTING BULL COLLEGE
MASTER OF EDUCATION in CURRICULUM and INSTRUCTION**

To the applicant, please print or type

Name: _____

Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) signed into law on 31 December 1974, I (do) (do not) waive my right of access to inspect and review this letter of recommendation. I give my permission to this person to include grades, GPA or class rank [as appropriate] in the letter of recommendation. In addition, I understand this letter will be destroyed after it is used to help evaluate my application for admission to graduate study at SUNY-ESF.

Signature: _____ Date: _____

To the evaluator/recommender, please print or type

We recognize the completion of a recommendation is a time-consuming process and we appreciate your assistance in evaluating this applicant. Any information you can provide relevant to the applicant's preparation and potential for graduate work will be most helpful to us. Thank you.

Please return directly to: Office of Graduate Studies
Sitting Bull College
Education Department
9299 Hwy 24
Fort Yates, ND 58538
701-854-8000 FAX 701-854-8197

I. Please state what you believe to be the strengths and weaknesses of this applicant for graduate study. Note any particular achievements of which you are aware, or reservations you may have, concerning the applicant's ability to successfully pursue graduate study. (Attach a letter if necessary.)

II. Please rate the applicant by placing a checkmark at appropriate points on the scale from excellent to deficient.

Where you have no opinion, or have had no opportunity to observe, leave the item blank.

	Top 10%	Top 30%	Top 50%	Lowest 30%	Deficient
Imagination					
Motivation					
Analytic Ability					
Initiative					
Perseverance					
Stability and Maturity					
Reaction to Criticism					
Writing Ability					
Research Ability					
Teaching Ability					

III. What do you consider this applicant's maximum potential for graduate study?

Not Recommended Master's Degree

IV. Of the individuals I have recommended for graduate work, I include this applicant among the top ____ percent.

V. Length of association with applicant: _____

VI. Type of association (professor, advisor, employer, etc.): _____

Signature of Evaluator: _____ Date: _____

Name of Evaluator: _____ Title: _____

Address: _____

Telephone: _____ Email: _____

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Initiative					
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Stability and Maturity					
Reaction to Criticism					
Writing Ability					
Research Ability					
Teaching Ability					

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V. Length of association with applicant: _____

VI. Type of association (professor, advisor, employer, etc.): _____
 Signature of Evaluator: _____ Date: _____
 Name of Evaluator: _____ Title: _____
 Address: _____
 Telephone: _____ Email: _____

SITTING BULL COLLEGE
DISCLOSURE OF STUDENT RECORDS/INFORMATION RELEASE FORM
(FERPA - THE BUCKLEY AMENDMENT)

Sitting Bull College adheres to a policy of compliances with the Family Educational Rights and Privacy Act – FERPA (Buckley Amendment). The definition of this Amendment is as follows:

"A federal law designed to protect the privacy of educational records, to establish the right of students to inspect and review their educational records, and to provide guidelines for the correction of inaccurate and misleading data through informal and formal hearings."

Right of Inspection or Access:

Each student has the right to:

- be provided a list of personal educational records, files, and documents maintained at Sitting Bull College (listed on your MySBC page)
- inspect and review the content of such records (contact Registrar to do so)
- obtain copies of records at the student's expense
- receive a response from the college to a reasonable request for explanation or interpretation of records
- have a hearing to challenge the content of the records

DIRECTORY INFORMATION:

Sitting Bull College has designated the following information as "Directory Information":

<input type="checkbox"/> Name	<input type="checkbox"/> Dates of attendance	<input type="checkbox"/> Previous Institution attended
<input type="checkbox"/> Address	<input type="checkbox"/> Date & Place of Birth	<input type="checkbox"/> Honors & Awards
<input type="checkbox"/> Telephone listing	<input type="checkbox"/> Major Field of Study	

**Although address and phone number are directory information, SBC does not provide this information to the general public.

Directory information is generally considered not harmful or an invasion of privacy, if released. If there is any information above that you do not want released, please put an "X" on the line next to that specific information.

SBC, under FERPA, can release protected information without your consent to Non-College officials under limited circumstances:

- Valid Subpoenas
- Search Warrants
- Emergency/Crisis Situation
- Ex Parte Order (Patriot Act)

Sitting Bull College will not release information from the student's file to their parent(s) unless written consent is given by the student or the parent(s) provide documentation proving the student is their dependent.

I hereby grant permission to all Sitting Bull College Departments and Offices to release to Student Support Services (SSS) staff the necessary information pertinent to my eligibility for and participation in program services offered by SSS. I also understand that much of the information provided to SSS will be used for statistical reporting to local, state, and federal agencies. () Yes () No

I hereby grant permission to Sitting Bull College to use my photo(s) and profile information for fundraising/public awareness purposes/SBC catalog. () Yes () No

I, _____, have read the above information and fully understand my rights under the Family Educational Rights to Privacy Act (Buckley Amendment). This form is in effect for all terms of attendance at Sitting Bull College, past, present, and future.

Student's Signature

Date

Revised 07/22/2014

SITTING BULL COLLEGE
RELEASE OF TRIBAL ENROLLMENT VERIFICATION

Complete and submit this form if you are a Native American enrolled in a Federally Recognized Tribe. If you are not enrolled but have a parent who is, please have them complete this form, attach it to your application, and mail it to the address below.

Dear Tribal Enrollment Office:

Please send a copy of my certificate of Indian blood to:

Sitting Bull College
Education Dept.
9299 Hwy 24
Fort Yates ND 58538

Last Name: _____ First Name: _____ MI: _____

Other names used: _____

Date of Birth: _____ Phone Number: _____

Address: _____

Agency enrolled at: _____

City/State/Zip Code of Agency: _____

Father's Name: _____

Mother's Name:

Signature: _____ Date: _____