Thank you for your interest in registering for online courses through SDSU. Complete the application form below and mail or fax it to the SDSU Admissions Office as soon as possible. As a high school student you will need to obtain a signature from the appropriate school official and a parent or guardian. Your application must be received and accepted before your registration in the course(s) can be confirmed.

Please send your application and High School Transcript to:

South Dakota State University
Admissions Office
Box 511
Brookings, SD 57007
Fax: (605) 688-6891

Additional information about applying to SDSU may be found at the following website: 
http://www.sdstate.edu/Admissions/Undergrad/Index.cfm.

You may contact SDSU’s Testing Center (605-688-4499) regarding COMPASS or ACCUPLACER testing for appropriate placement, which is necessary for English and Math courses if a valid ACT score is not available. If you have any questions or need additional information, please contact Continuing and Distance Education at 605-688-4154.
South Dakota State University
High School Concurrent Admission/Registration Form

Legal Name ____________________________________________ Social Security Number _______ - - -

Last Name ____________________________________________ First Name ____________________________ Middle Name

Preferred First Name ____________________________ Birth Date ____________________________

Permanent Mailing Address

Street________________________________ City________________________ State_____ Zip Code ______

Telephone (____)_____ - ______ E-mail Address ______________________________

Next of Kin

Name________________________________ Relationship to you ____________________________

Street________________________________ City________________________ State_____ Zip Code ______

Telephone (____)_____ - ______

The following information is optional. The information is used in compliance with Title VI of the Civil Rights Act of 1964. Your responses in no way affect your admission.

Gender  ☐ Male  ☐ Female

Ethnic Group ☐ American Indian or Alaskan Native  ☐ Asian or Pacific Islander  ☐ Black, not of Hispanic Origin  ☐ Hispanic

☐ White, not of Hispanic origin  ☐ Other  ☐ Do not wish to respond

Educational Data

High School Attended ____________________________________________

School City State

Date of High School Graduation (MM/YY) _______/_________

Have you taken the ACT test?  ☐ Yes  ☐ No  Date Tested (MM/YY) / Composite Score ___

Have you taken the SAT test?  ☐ Yes  ☐ No  Date Tested (MM/YY) / Composite Score ___

Were your scores sent to SDSU?  ☐ Yes  ☐ No

In order to be admitted as a concurrent student, you must obtain signatures of approval from the following:

Approval of Parent ____________________________________________

Approval of School Official ____________________________________

Course Information

Semester you wish to enroll:  ☐ Fall ☐ Spring ☐ Summer

Have you ever enrolled in classes at SDSU?  ☐ Yes  ☐ No  If yes, when? __________

Have you ever enrolled in classes at another post secondary institution?  ☐ Yes  ☐ No  If yes, where? __________

Location of class(es) ____________________________________________

5 Digit Course Number Dept. Course Number Section Course Title Credit Hours

With my signature below I verify that all information on this application is complete and accurate to the best of my knowledge. If admitted, I agree to observe the rules and regulations of South Dakota State University and to pay all fees and charges assessed thereunder.

Signature ____________________________ Date ____________

Please send your application to: SDSU, Admissions Office, Box 511, Brookings, SD 57007 or fax to: 605-688-6891.