



APPLICATION FOR AMERICAN INDIAN & NATIVE STUDIES PROGRAM

Date

Name

Student ID #

Campus Address

City

State

Zip

Campus Telephone

Work Telephone

Home Address

City

State

Zip

Home Telephone

e-mail address

[] Female [] Male (Optional)

EDUCATION:

Name of Institution

Degree

Year

CURRENT STATUS:

Undergraduate

Major _____

Graduate

Adviser _____

Special Graduate Student

Anticipated Semester of Graduation _____

The University of Iowa requests this information for the purpose of admission to the American Indian & Native Studies Program. No persons outside the University are routinely provided this information, except for items of directory information such as name and local address.

PLEASE RETURN THIS COMPLETED FORM TO:

American Indian & Native Studies Program
210 Jefferson Building
The University of Iowa
Iowa City, IA 52242