



Office of the Registrar
Nueta Hidatsa Sahnish College
PO Box 490/301 College Drive
New Town, ND 58763
Phone: 701-627-8047
Fax: 701.627.4790 jmcleo@nhsc.edu

CONTINUE EDUCATION UNIT FORM

DATE: _____ Name: _____ Former Name: _____

First Last M

Date of Birth: _____ SSN: _____ Gender: Female Male

Home Phone #: _____ Cell Phone #: _____ Tribal Enrollment # _____

Tribal Home Agency: _____

Current Mailing Address: _____

City State Zip Code

Current Email: _____

Ethnicity: American Indian Non-Native Marital Status: Single Married Divorced

SECTION B: COURSE/TRAINING INFORMATION

CEU Course/Training Title: Certified Nursing Assitant (CAN) 4 CEUS earned.

PROCESSING INSTRUCTIONS:

I have read the above application and answered all questions to the best of my knowledge. Any false information given will be cause for my disqualifications for CEU's from NHSC. I agree to abide by the rules and regulation of Nueta Hidatsa Sahnish College. I authorize the NHSC College to solicit information necessary for consideration of qualification for CEUs.

Documents Needed: Tribal ID or CIB
Drivers License or State ID

(DATE)

(Signature of Student)

****ORIGINAL DOCUMENT MUST BE SENT TO THE REGISTRAR'S OFFICE****

Registrar's Use Only

Date of institutional Transcript Sent out: _____ Signature: _____

Revised 6.27.18 JM