



UNIVERSITY OF
PROVIDENCE

PROOF OF INDIAN DESCENT

Name: _____
First
Middle
Last

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Name of Tribe (print): _____

Tribal Enrollment Number: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email or Website: _____

I certify the information provided in this application is accurate and complete to the best of my knowledge.

Signature **Date** **Student ID**

PROOF OF INDIAN DESCENT MUST ACCOMPANY THIS FORM*

*STUDENTS ABLE TO PROVE DESENCY WITHIN TWO GENERATIONS CAN BE CONSIDERED FOR A FEATHER.

PLEASE SUBMIT THIS FORM AND DOCUMENTATION TO YOUR REGISTRAR'S OFFICE

Once this form is approved/denied, you do not need to complete it again as long as you remain continuously enrolled at this campus and you continue to meet the requirements listed above.

By submitting this form, the student grants permission for the University of Providence Staff to share this form to verify tribal information with third parties, which may include, but is not limited to, tribal representatives, university personnel, and/or representatives from the Indigenous Education Department within the Great Falls Public School District.