



ADMISSIONS CHECKLIST

Office of the Registrar
P.O. Box 749
Barrow, AK 99723
Phone: 907.852.1757 or 1763
Fax: 907.852.1784

(Steps to take to complete the admission process)

- Complete the Application for Admission** – Fill it out as completely as possible, and be sure to fill out both pages of the application. Sign and date the application on the second page.
- Complete the HS/GED Transcript Request form for high school or GED graduation verification.** This form gives us permission to request an official HS/GED transcript.
- Tribal Card** – If you are an Alaskan Native or American Indian, please provide a current copy of your tribal card or fill out the Ilisagvik Native Shareholder Verification form.
- Testing** – Applicants need to take an ACCUPLACER placement test. For an appointment to take the test contact Student Services at (907) 852-1779 [toll free in Alaska at (800) 478-7337, ext. 1779]. Testing can also be arranged in the villages by appointment.

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- Financial Aid** – For information on financial aid, call (907) 852-1708 [toll-free in Alaska at (800) 478-7337, ext. 1708].
 - Contract/Application for Housing** – If you want to stay on campus in a dormitory room (double occupancy), you must apply for admission to the residential center. For more information about our residential center, please contact Student Services, at (907) 852-1809 [toll free in Alaska at (800) 478-7337, ext. 1809].

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- Not Admitted** – If you want to enroll in classes and you are not seeking a degree or certificate, you may enroll by completing a registration form, residency form, and providing a copy of your tribal card.

For more information about the admission process, please contact the office of the Registrar / Admissions at (907) 852-1856 [toll free in Alaska at (800) 478-7337, ext. 1856] or via e-mail at registration@ilisagvik.edu.



APPLICATION FOR ADMISSION

Office of the Registrar
P.O. Box 749 Barrow, AK 99723
Phone: 907.852.1757 or 1771
Fax: 907.852.1784
registration@ilisagvik.edu

PLEASE PRINT CAREFULLY – Complete all information requested below.

Office Use Only

Received Date: _____

Semester (Check One): Spring Summer Fall Year 20

Last Name First Name Middle Previous Names

Male Female

Date of Birth (mm/dd/yyyy) Social Security Number

MAILING ADDRESS: _____
Address City State Zip Code

E-mail Address Work Phone Cell Phone Home Phone

Marital Status: Single without children Single with children Married without children Married with children

Did your parents or guardians graduate from a four-year college or university? Yes No

Are you: Shareholder of any Alaska native Corporation Tribe member
Name of Corporation or Tribe _____ (Provide Verification)

Can you speak American Indian or Alaskan Native Languages?:
 None Limited Conversational Fluent

Ethnic Origin: (Check One) Alaskan Native African American American Indian Asian Caucasian
 Hawaiian Hispanic Pacific Islander Other

Alaska Resident: Yes (1 Year) No Citizenship: U.S. Citizen Nonresident Alien *Please Provide Verification

Active Military: Yes No If no, are you veteran: Yes No

Enrollment Status: (Check One)
 Part-Time - 1 to 6 credits Part-Time - 7 to 11 credits Full -Time - 12 or more credits

Housing:
 I plan to live off campus
 I would like student dormitory housing (housing application needed)
 I would like family housing (if available) (housing application needed)

EDUCATION LEVEL COMPLETED

Please have transcripts of all past schools attended, including proof of high school graduation or G.E.D. certificate, sent to Ilisagvik.

High School Graduate Date: _____ Name of School: _____
 G.E.D. Certificate Completion Date: _____ Site: _____
 Associate Degree Bachelor Degree Master's Degree

TEST TAKEN: Please have results of test sent to Ilisagvik College Office of the Registrar.

ACCUPLACER ASSET COMPASS Other:: _____



APPLICATION FOR ADMISSION

COLLEGES AND UNIVERSITIES ATTENDED LIST BELOW.

Please request an official transcript from each college or university attended.

| College/University Name | City and State | Dates Attended | Degree earned | Date of Award |
|-------------------------|----------------|----------------|---------------|---------------|
|-------------------------|----------------|----------------|---------------|---------------|

SELECT A PROGRAM OF STUDY (CHOOSE ONE)

*Allied Health Program

- Allied Health Certificate
- Allied Health *Associate of Science*
- Dental Assistant Trainee Endorsement
- Human Services (Emphasis) *Associate of Arts*
- Medical Coding Specialist Certificate

Associated Construction Trades Program

- Carpentry, Level I Endorsement
- Construction Management Endorsement
- Electrical, Level I Endorsement
- Pipefitting, Level I Endorsement
- Pipeline Insulation, Level I Endorsement
- Plumbing, Level I Endorsement
- Scaffolding, Level I Endorsement
- Welding Materials Technology Endorsement
- Construction Technology I Certificate
- Construction Technology II Certificate
- Construction Technology *Associate of Applied Science*

Business - Accounting Program

- Accounting Technician I Certificate
- Accounting Technician II Certificate
- Accounting *Associate of Applied Science*

Business - Office Administration Program

- Office Administration I Certificate
- Office Administration II Certificate
- Office Administration *Associate of Applied Science*
- Office Administration (Medical Emphasis) *Associate of Applied Science*
- Medical Office Administration I Certificate
- Medical Office Administration II Certificate

Business - Business & Management Program

- Business Specialist I Certificate
- Business Specialist II Certificate
- Business and Management *Associate of Applied Science*
- Entrepreneurship/Small Business Management I
- Entrepreneurship/Small Business Management II

Emergency Services Program

- Emergency Services Certificate
- Emergency Services *Associate of Applied Science*

Heavy Truck and Equipment Operations Program

- Heavy Truck Operations Endorsement
- Heavy Equipment Operations Endorsement

Industrial Safety Program

- Industrial Safety Level I Endorsement

Information Technology Program

- Information Technology Support Specialist I Certificate
- Information Technology Support Specialist II Certificate

Iñupiaq Studies Program

- Iñupiaq Fine Arts Certificate
- Iñupiaq Language I Certificate
- Iñupiaq Language II Certificate
- Iñupiaq Studies *Associate of Arts*

Indigenous Early Learning Program

- Indigenous Early Learning Certificate
- Indigenous Early Learning *Associate of Arts*

Liberal Arts Program

- Liberal Arts Certificate
- Liberal Arts *Associate of Arts*

All applicants must read and sign the following certification: I hereby certify that the information furnished in this application is true and complete to the best of my knowledge. I understand that false or misleading information provided herein may lead to my suspension or expulsion. I agree to abide by all the rules of Ilisagvik College upon enrollment.

Applicant's Signature: _____ **Date:** _____



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Barrow, AK 99723
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Fax: 907.852.1784

HIGH SCHOOL/GED TRANSCRIPT REQUEST

Student's Name: _____ SS# _____
(Last) (first) (Middle)

Former Name(s): _____ Birthdate: _____

Phone # _____ Email Address: _____

EDUCATIONAL INSTITUTION WHERE YOU EARNED YOUR HIGH SCHOOL DIPLOMA OR GED:

Name: _____

Address: _____

Phone: _____ Fax: _____

Date You Graduated: _____

Last Date You Attended High School: _____

Date GED Received: _____

Please send a certified official high school transcript or GED record to:

Office of the Registrar
Ilisagvik College
P.O. Box 749
Barrow, AK 99723

Signature: _____ Date: _____



MENINGITIS

Know Your Risk

Learn About Vaccination

Important Notice:

Information in this handout has been gathered from the Alaska Postsecondary Student Immunization Act (HB185), signed into law effective May 18, 2005. Additional information was gathered from the Alaska Department of Health and Social Services' Division of Public Health and the Web site of the American College Health Association at http://www.acha.org/projects_programs/meningitis. The Alaska Commission on Postsecondary Education (ACPE) cannot provide medical information and is not responsible for any medical information provided to schools or to students. For questions specific to meningitis, immunization, and related diseases, please consult a qualified medical professional.

Did you know?

- **Meningococcal disease** is a contagious but largely preventable bacterial infection that most often leads to meningitis, an inflammation of the membranes surrounding the brain and spinal cord, or a condition called meningococcal septicemia, which is an infection of the blood.
- **Meningococcal disease is caused** by bacteria called *Neisseria meningitidis* that are spread person-to-person through the air (usually by sneezing or coughing), through direct contact with an infected person, such as oral contact with shared items like cigarettes or drinking glasses, or through intimate contact, such as kissing. This disease is not as contagious as things like the common cold or the flu, and it is not spread by casual contact or by simply breathing the air where a person with meningitis has been.
- **Meningococcal disease is a serious illness** that can lead to death within a few hours of onset; one out of ten cases is fatal, and in one out of seven survivors it can lead to severe and permanent disabilities, such as brain damage, hearing loss, seizures, or limb amputation.

What are the symptoms of meningococcal disease?

- High fever, headache, and stiff neck are common symptoms of meningitis in anyone over the age of 2 years. A rash may also develop over parts of the body, or the entire body. Other symptoms include nausea, vomiting, discomfort looking into bright lights, confusion, and sleepiness. These symptoms can develop over several hours, or they may take 1 to 2 days. As the disease progresses, seizures may develop. If you notice these symptoms – in yourself, friends, or others – you should contact your college health service or local hospital immediately.

Who is at risk for meningococcal disease?

- Anyone can get meningococcal meningitis, but scientific evidence suggests that college freshmen living in campus housing are at moderately increased risk to get this disease when compared to the general college population. The reasons for this increased risk are still not known for certain, but factors may include such things as crowded living situations, bar patronage, active or passive smoking, irregular sleep patterns, and sharing personal items.

- Other risk groups include infants and young children, household contacts to a person with meningococcal disease, refugees from parts of the world with high rates of meningococcal disease, laboratory workers who work with this bacteria, and military recruits.

Are there vaccines against meningococcal disease?

- Yes, there are two safe and effective vaccines that protect against four strains of the bacteria that cause meningococcal disease – serogroups A, C, Y, and W135. Immunization against meningococcal disease will decrease the risk of contracting the illness from these meningococcal strains.

How can meningococcal disease be prevented?

- **Many cases of meningococcal disease can be prevented.** The Centers for Disease Control and Prevention and the American College Health Association recommend that all first-year students living in residence halls be vaccinated against meningococcal disease. All other college students under the age of 25 years who wish to reduce their risk for the disease may choose to be vaccinated.
- **Vaccination is safe and effective.** It protects against four of the five most common strains (or types) of bacteria that cause meningitis. Approximately 70 to 80 percent of cases in the college age group are caused by strains that are potentially vaccine-preventable. The most commonly reported adverse reactions among adolescents and adults in clinical studies were pain at the injection site, headache, and fatigue. These respond to simple measures (ibuprofen or acetaminophen) and resolve spontaneously within a few days.

For More Information

To learn more about meningitis and immunization, visit the websites of the American College Health Association, www.acha.org/meningitis, and the Centers for Disease Control and Prevention, www.cdc.gov/ncidod/diseases/submenus/sub_meningitis.htm.

___ I have received a copy of this notice on meningococcal disease.

___ I have received an immunization against meningococcal disease.

Student Name

Student Signature

Date



SHAREHOLDER AUTHORIZATION TO RELEASE INFORMATION

Dear Student/Participant:

Ilisagvik College is an accredited institution and one of 37 tribal colleges nation-wide. As a federally recognized tribal college, the College receives some of its funding from the federal government and must provide proof that a certain percentage of the student body is American Indian, Alaska Native, Hawaiian or part of another First Nations People. Your information serves only to verify that Ilisagvik College meets that criterion.

Thank you.

Birgit Meany,

Dean of Instruction & Workforce Development

By completing the informational items below, I hereby authorize the corporation indicated below to provide Ilisagvik College with a verification of my enrollment as a shareholder.

| | |
|--|--|
| <input type="checkbox"/> Ahtna, Incorporated | <input type="checkbox"/> Aleut Corporation |
| <input type="checkbox"/> Arctic Slope Regional Corporation | <input type="checkbox"/> Bering Straits Native Corporation |
| <input type="checkbox"/> Bristol Bay Native Corporation | <input type="checkbox"/> Calista Corporation |
| <input type="checkbox"/> Chugach Alaska Corporation | <input type="checkbox"/> CIRI |
| <input type="checkbox"/> Doyon, Limited | <input type="checkbox"/> Koniag, Inc. |
| <input type="checkbox"/> NANA Regional Corporation | <input type="checkbox"/> SEALASKA |
| <input type="checkbox"/> Other: _____ | |



First Name (Print)

Last Name (Print)

Social Security #

Date of Birth

Signature of Shareholder and/or Custodian of Record for Minor

Date

Phone Number

E-mail address