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 a COMPASS placement test. For an appointment to take the test contact the Tutoring Center in Barrow at (907) 852-1754 or Student Services at (907) 852-1809 [toll free in Alaska at (800) 478-7337, ext. 1754 or 1809]. Testing can also be arranged in the villages by appointment.			
	Financial Aid – For information on financial aid, call Mike Mason at (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].			
	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 Tennessee Judkins at 852-1772 or the office of the Registrar / Admissions at (907) 852-1771 or 1757 or 1763 [toll free in Alaska at (800) 478-7337, ext. 1772 or 1771].				



APPLICATION FOR ADMISSION

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PLEASE PRINT CARI	EFULLY – Com	plete all informa	tion requested	below.		Office Use Only
Semester (Check One):	Summer [Fall Yea	ar 20	Received Date	Received Date:	
Last Name		First Name]	Middle Previous	Names
] Female
Date of Birth (mm/dd/yyy	yy)	Social Security 1	Number			
MAILING ADDRESS: _	Address		City		State	Zip Code
E-mail Address			Work Phone	e .	Cell Phone	Home Phone
Marital Status: ☐ Sing	le without childre	n □ Single with	children	Iarried wi	hout children	Married with children
Did your parents or guardia		•				
Are you: Shareh	older of any Alask	a native Corporation	on	Tribe	member	
•	orporation or Tribe	e			(Provide Verificat	ion)
Can you speak American	•	-	ges?:		<u> </u>	,
☐ None	☐ Limited	☐ Conv	ersational	□ F	luent	
Ethnic Origin: (Check Or	ne)		can American		ican Indian	
Alaska Resident:	Yes (1 Year)	No Citizenship:	: 🗆 U.S. C	Citizen [Nonresident Alien *	Please Provide Verification
Active Military:	Yes □ No	If no, are yo	ou veteran:	☐ Yes	□ No	
Enrollment Status: (Chec	k One)					
☐ Part-Time - 1 to 6 cm	redits Part-	Time - 7 to 11 cred	lits	☐ Full -	Γime - 12 or more cre	edits
Housing:						
☐ I plan to live off car	npus					
☐ I would like student	•					
☐ I would like family	housing (if availat	ole) (housing applic	cation needed)			
EDUCATION LEVEL CO	OMPLETED					
Please have transcripts of a	ll past schools atte	nded, including pro	oof of high school	ol graduat	on or G.E.D. certific	ate, sent to Ilisagvik.
☐ High School Gradua	ate Dat	e:	Name of S	chool:		
☐ G.E.D. Certificate C	Completion Dat	e:		Site:		
☐ Associate Degree		Bachelor Degree	☐ Master	's Degree		
TEST TAKEN: Please ha	eve results of test	sent to Ilisagvik C	College Office of	f the Regi	strar.	
☐ COMPASS	☐ Other:			Date	Taken:	



APPLICATION FOR ADMISSION

COLLEGES AND UNIVERSITIES ATTENDED LIST BELOW.

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

SELECT A PROGRAM OF STUDY (CHOOSE ONE)	
*Allied Health Program	Business - Office Administration Program
☐ Allied Health Certificate	☐ Office Administration I Certificate
☐ Allied Health Associate of Science	☐ Office Administration II Certificate
☐ Certified Nurse Aide Certificate	☐ Office Administration Associate of Applied Science
☐ Human Services (Emphasis) Associate of Arts	
☐ Medical Coding Specialist Certificate	Fire Science Program
	☐ EMT: Emergency Medical Technician I Certificate
Associated Construction Trades Program	☐ Emergency Services Associate of Applied Science
☐ Carpentry Level I Certificate	☐ Firefighter I Certificate
☐ Carpentry Level II Certificate	
☐ Electrical Basic Level I Certificate	General Studies Program
☐ Electrical Basic Level II Certificate	☐ General Studies <i>Associate of Arts</i>
☐ Electrical Advanced Level I Certificate	
☐ Electrical Advanced Level II Certificate	Heavy Truck and Equipment Operations Program
☐ Electrical Level III Certificate	☐ Heavy Truck Operations Certificate
☐ Electrical Level IV Certificate	☐ Heavy Equipment Operations Certificate
☐ Pipefitting Level I Certificate	
☐ Pipeline Insulation Certificate	Industrial Safety Program
☐ Plumbing Level I Certificate	☐ Industrial Safety Level I Certificate
☐ Plumbing Level II Certificate	
☐ Plumbing Level III Certificate	Information Technology Program
☐ Plumbing Level IV Certificate	☐ Information Technology Support Specialist I Certificate
☐ Scaffolding Certificate	☐ Information Technology Support Specialist II Certificate
Business - Accounting Program	Iñupiaq Studies Program
☐ Accounting Technician I Certificate	☐ Iñupiaq Fine Arts Certificate
☐ Accounting Technician II Certificate	☐ Iñupiaq Language I Certificate
☐ Accounting Associate of Applied Science	☐ Iñupiaq Language II Certificate
	☐ Iñupiaq Studies Associate of Arts
Business - Business & Management Program	
☐ Business Specialist I Certificate	Iñupiaq Early Learning Program
☐ Business Specialist II Certificate	☐ Iñupiaq Early Learning Associate of Arts
☐ Business and Management Associate of Applied Science	
☐ Entrepreneurship/Small Business Management I	
☐ Entrepreneurship/Small Business Management II	

all the rules of Ilisagvik College upon enrollment.

Applicant's Signature:		Date:	
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HIGH SCHOOL/GED TRANSCRIPT REQUEST

Student's Name:				SS#
	(Last)	(first)	(Middle)	
Former Name(s):			Birth	date:
Phone #	Email A	ddress:		
EDUCATIONAL INSTITUT	TION WHERE YOU	J EARNED YOUR HI	GH SCHOOL	DIPLOMA OR GED:
Name:				
		Fax:		
Last Date You Attended Hig	gh School:	_		
Date GED Received:				
Please send a certified offic	cial high school tra	anscript or GED reco	ord to:	
Office of the Registrar				
Ilisagvik College				
P.O. Box 749 Barrow, AK 99723				
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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,

Phone Number

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.

☐ Arctic Slop☐ Bristol Ba☐ Chugach A☐ Doyon, Lin	corporated pe Regional Corporation y Native Corporation Alaska Corporation mited gional Corporation	 □ Aleut Corporation □ Bering Straits Native Corporation □ Calista Corporation □ CIRI □ Koniag, Inc. □ SEALASKA 		
Chugach Alaska	Aleut CORPORATION CORPORATION DOYO	Bering Straits Native Corporation ON, Limited	Bristol Bay Native Corporation NANA SECURAL CORPORATION The worlds. one spirit	CAUSTA CONFORMION SEALASKA
First Name (Print)	Last Name (Print)	Social Security #	‡ Date of Birth	1
Signature of Shareholder and/or Custodian of Record for Minor Date				

E-mail address