ADMISSIONS CHECKLIST

Office of the Registrar/Admissions
PO Box 749 Barrow, AK 99723
907-852-1754 or 1757 fax: 907-852-1784
registration@ilisagvik.edu

REQUIRED FOR ADMISSION

❑ **Application for Admission**

Fall 2026 Deadline: **August 3, 2026**
Spring 2027 Deadline: **January 5, 2027**

❑ **High School Transcripts**

Contact your High School to have them send your transcript to the Iḷisaġvik College Registrar's Office at the address above, or contact the Alaska State Department of Education at 907-465-4685 for your GED transcript.

❑ **Tribal Status Documentation** (for Alaska Native/American Indian applicants)

Copy of **Tribal Card** or **Shareholder Authorization** form

❑ **Meningitis Form**

REQUIRED PRIOR TO REGISTRATION FOR CLASSES

❑ **Placement Testing (Accuplacer)**

Contact StudentServices@ilisagvik.edu or 907-852-1802 for information and appointments.

❑ **Make an appointment with your faculty advisor to complete a Registration Form**

A program-specific faculty advisor will be assigned upon admission. See your acceptance letter for your advisor information.

❑ **Complete Student Orientation**

Instructions will be provided with your acceptance letter.

❑ **Sign up for LIVESAFE**

LIVESAFE is a required emergency alert system for the Iḷisaġvik community. It will alert you if there are road closures, wildlife activity, or other events. Instructions will be provided with your acceptance letter.

RECOMMENDED ADDITIONAL STEPS

❑ **Consultation with Financial Aid Manager**

Find out about Tuition Waivers, scholarships, and billing. Call 907.852.1708 or email fin.aid@ilisagvik.edu.

❑ **Contract/Application for Housing**

Iḷisaġvik provides on-campus, double-occupancy dormitory rooms. Applicants must be admitted to a degree program and must apply to the Residential Center. Contact Student Services at StudentServices@ilisagvik.edu or 907-852-1726

For any Admissions- or Registration-related questions, contact the Registration and Admissions Office at registration@ilisagvik.edu or 907-852-1754 or 907-852-1757.

APPLICATION FOR ADMISSION

ILISAĠVIK COLLEGE

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Office Use Only
Date Received:

APPLYING FOR: ☐ Fall ☐ Spring ☐ Summer ACADEMIC YEAR: 20 _____

NAME: _____
First Middle Last

PREVIOUS NAMES: _____

DATE OF BIRTH:_____ SSN: _____ GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ 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 college or university? ☐ Yes ☐ No

TRIBAL STATUS(if applicable): ☐ Shareholder in an Alaska Native Corporation ☐ Tribal Member

NAME OF CORPORATION/TRIBE: _____

Do you speak an Alaska Native/American Indian Language? _____
☐ None ☐ Limited ☐ Conversational ☐ Fluent

ETHNIC ORIGIN: ☐ Alaska Native ☐ African American ☐ American Indian ☐ Asian ☐ Caucasian
☐ Native Hawaiian ☐ Hispanic ☐ Pacific Islander ☐ Other_____

ALASKA RESIDENT (1 yr)? ☐ Yes ☐ No US CITIZEN? ☐ Yes ☐ No

PERMANENT RESIDENT? ☐ Yes ☐ No Nation of Citizenship if not a U.S. Citizen_____

ACTIVE MILITARY? ☐ Yes ☐ No MILITARY VETERAN? ☐ Yes ☐ No

ENROLLMENT STATUS (check one - note that summer status is different):
☐ Part Time (1-6 credits) ☐ Part Time (7-11 credits) ☐ Full Time (12 or more credits)

HOUSING: ☐ Off Campus ☐ Student Housing (housing application required)

SPECIAL NEEDS/ DISABILITY ACCOMMODATION REQUIRED? ☐ Yes ☐ No

LEVEL OF EDUCATION COMPLETED:

☐ High School Graduate Date: _____ School: _____
☐ G.E.D. Date: _____ Site: _____
☐ Associate Degree Date: _____ School: _____
☐ Bachelor's Degree Date: _____ School: _____
☐ Master's Degree Date: _____ School: _____'

Please have official transcripts of all past schools attended including proof of high school graduation or G.E.D. sent to Iḷisaġvik College Registrar's Office.

STUDENTS MUST BE ADMITTED TO PROGRAMS TOTALING AT LEAST 30 CREDITS TO RECEIVE FEDERAL AID OR STUDENT HOUSING

Bachelor Degree (BBA) - approx. 120 credits
Associate Degrees (AAS, AA, AS) - approx. 60 credits
Certificates, Level II or no level - approx. 30 credits
Certificates, Level I - approx. 15 credits
Endorsements - approx. 5-12 credit

CHOOSE ONE CATEGORY BELOW AND SELECT PROGRAMS IN THAT CATEGORY

* Denotes programs with special restrictions; students should check with their faculty advisor

ACCOUNTING
❑ Certificate, Accounting Technician I
❑ Certificate, Accounting Technician II
❑ AAS, Accounting

ALLIED HEALTH
❑ Certificate, Allied Health
❑ Certificate, Medical Coding Specialist
❑ AS, Allied Health

BUSINESS MANAGEMENT
❑ Certificate, Business Specialist I
❑ Certificate, Business Specialist II
❑ Certificate, Entrepreneurship/Small Bus. Mgmt. I
❑ Certificate, Entrepreneurship/Small Bus. Mgmt. II
❑ AAS, Business and Management
❑ BBA, Business Administration

CONSTRUCTION TECHNOLOGY
❑ Endorsement, Building Maintenance Tech I
❑ Endorsement, Carpentry, Level I
❑ Endorsement, CDL/Heavy Equip. Operations*
❑ Endorsement, Construction Management
❑ Endorsement, Electrical, Level I
❑ Endorsement, Industrial Safety, Level I
❑ Endorsement, Pipefitting, Level I
❑ Endorsement, Pipeline Insulation, Level I
❑ Endorsement, Plumbing, Level I
❑ Endorsement, Scaffolding, Level I
❑ Endorsement, Welding Materials Technology
❑ Certificate, Construction Technology I
❑ Certificate, Construction Technology II
❑ AAS, Construction Technology

DENTAL THERAPY
❑ AAS, Dental Health Therapy*

EDUCATION
❑ Certificate, Education I
❑ Certificate II, Early Childhood
❑ Certificate II, Elementary Education
❑ Associate of Arts, Early Childhood
❑ Associate of Arts, Elementary Education

GENERAL SCIENCE
❑ AS, General Science

INDIGENOUS HUMAN SERVICES
❑ Certificate, Indigenous Human Services
❑ AAS, Indigenous Human Services

INFORMATION TECHNOLOGY
❑ Endorsement, Computer Foundations
❑ Certificate, Data Analysis I
❑ Certificate, Data Analysis II
❑ Certificate, IT Support Specialist I
❑ Certificate, IT Support Specialist II
❑ AAS, Information Technology

IÑUPIAQ STUDIES
❑ Certificate, Iñupiaq Culture and Language I
❑ Certificate, Iñupiaq Culture and Language II
❑ AA, Iñupiaq Studies

LIBERAL ARTS
❑ Certificate, Liberal Arts
❑ AA, Liberal Arts

OFFICE MANAGEMENT
❑ Endorsement, Office Productivity
❑ Certificate, Medical Office Management I
❑ Certificate, Medical Office Management II
❑ Certificate, Office Management I
❑ Certificate, Office Management II
❑ AAS, Office Management
❑ AAS, Medical Office Management

PRE-NURSING
❑ Certificate, Pre-Nursing

TRIBAL EMERGENCY MANAGEMENT
❑ Certificate, Tribal Emergency Management

UNANGAX̂ STUDIES.
❑ Certificate, Unangax̂ I

Applicant Disclosure: I hereby certify that the information in this application is true and complete to the best of my knowledge. I understand that false of misleading information provided here in may lead to my suspension or expulsion. I agree to abide by all Iḷisaġvik College policies upon enrollment.

Applicant Signature _____ Date _____

Guardian Signature (if applicant is under 18) _____ Date _____

SHAREHOLDER AUTHORIZATION TO RELEASE INFORMATION

Office of the Registrar/Admissions
PO Box 749 Barrow, AK 99723
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Iḷisaġvik College is an accredited institution and one of 37 Tribal Colleges nationwide. 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 Native American or Alaska Native. Your information serves to verify that the college meets that criterion.

By completing the items below, I hereby authorize the indicated corporation or tribe to provide Iḷisaġvik College with a verification of my enrollment as a shareholder or member.

- ☐ Ahtna, Inc.
- ☐ Arctic Slope Regional Corporation
- ☐ Bristol Bay Native Corporation
- ☐ Chugach Alaska Corporation
- ☐ Doyon, Limited
- ☐ NANA Regional Corporation
- ☐ Other _____
- ☐ Aleut Corporation
- ☐ Bering Straits Native Corporation
- ☐ Calista Corporation
- ☐ CIRI
- ☐ Koniag, Inc.
- ☐ SEALASKA

Tribe: _____

_____
First and Last Name (please print)

_____
Social Security Number

_____
Date of Birth

_____
Phone Number

_____
Email

_____
Signature

ILISAĠVIK COLLEGE

MENINGITIS FORM

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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 meningitides* 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.

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, https://www.cdc.gov/meningitis/.

☐ I have received a copy of this notice on meningococcal disease
☐ I have received immunization against meningococcal disease

_____
Student Name

_____ _____
Student Signature Date

Email forms to registration@ilisagvik.edu or mail to
Office of the Registrar, Iḷisaġvik College
PO Box 749
Barrow, AK 99723