

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 2025 Deadline: August 1, 2025 Spring 2026 Deadline: December 4, 2025

☐ High School Transcripts

Contact your High School to have them send your transcript to the Ilisagvik 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 Ilisagvik 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

Ilisagvik 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

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Office Use Only				
Date Received:				

APPLYING FOR:	☐ Fall ☐ Spring ☐ S	ummer	ACADEMIC YEAR: 20)	
	Mido	-11 -			
First PREVIOUS NAMES: _	Mido		Last		
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 🗌 Sin	ngle with children	☐ Married without child	ren	
Did your parents or o	guardians graduate fror	n college or ur	niversity? 🗌 Yes	□ No	
TRIBAL STATUS(if applicable): Shareholder in an Alaska Native Corporation					
NAME OF CORPORA	ATION/TRIBE:				
-	ska Native/American Ind] Limited _ Conver	dian Language sational			
ETHNIC ORIGIN:	∏Alaska Native∏Africa aiian ∏Hispanic			AsianCaucasian	
ALASKA RESIDENT (l yr)? ☐ Yes ☐ No	US CITIZ	ZEN? Yes No		
PERMANENT RESID	ENT? Yes No N	Nation of Citize	enship if not a U.S. C	itizen	
ACTIVE MILITARY?]Yes	MILITAF	RY VETERAN? Ye	s 🗌 No	
	JS (check one - note tha (1-6 credits)		tus is different): dits)	(12 or more credits)	
HOUSING: 🗌 Off Car	npus 🗌 Student Hou	ısing (housing	application require	d)	
SPECIAL NEEDS/ DIS	SABILITY ACCOMMODA	TION REQUIRE	ED? 🗌 Yes 📗 No		
LEVEL OF EDUCATION	ON COMPLETED:				
☐ High Scho	ol Graduate Date:	School:			
G.E.D.	Date:	Site:			
Associate [Degree Date:	School:			
☐ Bachelor's	Degree Date:	School:			
☐ Master's D	egree Date:	School:			

Please have official transcripts of all past schools attended including proof of high school graduation or G.E.D. sent to Ilisagvik 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	EDUCATION ☐ Certificate, Education I ☐ Certificate, Education II ☐ AA, Education
ALLIED HEALTH ☐ Certificate, Allied Health ☐ Certificate, Medical Coding Specialist ☐ AS, Allied Health	INDIGENOUS HUMAN SERVICES ☐ Certificate, Indigenous Human Services ☐ AAS, Indigenous Human Services
BUSINESS MANAGEMENT Certificate, Business Specialist I Certificate, Business Specialist II Certificate, Entrepreneurship/Small Bus. Mgmt. I Certificate, Entrepreneurship/Small Bus.	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
Mgmt. II AAS, Business and Management BBA, Business Administration	IÑUPIAQ STUDIES ☐ Certificate, Iñupiaq Culture and Language I ☐ Certificate, Iñupiaq Culture and Language II
CONSTRUCTION TECHNOLOGY ☐ Endorsement, Building Maintenance Tech I ☐ Endorsement, Carpentry, Level I ☐ Endorsement, CDL/Heavy Equip. Operations	□ AA, Iñupiaq Studies LIBERAL ARTS □ Certificate, Liberal Arts □ AA, Liberal Arts
□ 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	OFFICE MANAGEMENT □ Endorsement, Office Productivity □ Certificate, Medical Office Management I □ Certificate, Medical Office Management II □ Certificate, Office Management II □ Certificate, Office Management II
☐ Certificate, Construction Technology II ☐ AAS, Construction Technology	PRE-NURSING ☐ Certificate, Pre-Nursing
DENTAL THERAPY □ AAS, Dental Health Therapy*	
Applicant Disclosure: I hereby certify that the information best of my knowledge. I understand that false of mix my suspension or expulsion. I agree to abide by all I	
Applicant Signature	Date
Guardian Signature (if applicant is under 18)	Date



SHAREHOLDER AUTHORIZATION TO RELEASE INFORMATION

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Ilisagvik 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 Ilisagvik College with a verification of my enrollment as a shareholder or member.

Ahtna, Inc.	☐ Aleut Corporation
☐ Arctic Slope Regional Corporation	☐ Bering Straits Native Corporation
☐ Bristol Bay Native Corporation	☐ Calista Corporation
☐ Chugach Alaska Corporation	□CIRI
☐ Doyon, Limited	☐ Koniag, Inc.
☐ NANA Regional Corporation	□SEALASKA
Other	
Tribe:	
First and Last Name (please print)	
Thist and Last Name (please pinnt)	
Social Security Number	
estian essame, rearmise.	
Date of Birth	
Phone Number	
Email	
Signature	



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 firstyear 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	 			