



# APPLICATION FOR ADMISSION

Office of the Registrar/Admissions  
P.O. Box 749 Barrow, AK 99723  
Phone: 907.852.1754 or 1757  
Fax: 907.852.1784  
registration@ilisagvik.edu

PLEASE PRINT CLEARLY – Complete all information requested below.

Semester (Check One):  Spring  Summer  Fall Year 20

<b>Office Use Only</b>
Received Date: _____

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Previous Names \_\_\_\_\_

Male  Female  Other

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  Tribal 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 US Citizen:  Yes  No If no, Nation of Citizenship: \_\_\_\_\_  
Permanent Resident  Yes  No

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)

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  ACT  SAT  Other: \_\_\_\_\_

Special Needs/Disability: Please indicate if you will request accommodations.  Yes  No



# APPLICATION FOR ADMISSION

**LIST ANY PRIOR COLLEGES AND/OR UNIVERSITIES ATTENDED BELOW.**

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

College/University Name	Dates Attended	Degree Earned	Date of Award

**STUDENTS MUST BE ADMITTED TO PROGRAMS TOTALING AT LEAST 30 CREDITS TO RECEIVE FEDERAL AID**

- |  |  |
|--|--|
| <b>BBA</b> – Bachelor in Business Administration, app. 120 credits | <b>Certificate</b> , no level, app. 30 credits |
| <b>AAS</b> – Associate of Applied Science Degree, app. 60 credits  | <b>Certificate</b> , Level II, app. 30 credits |
| <b>AA</b> – Associates of Arts Degree, app. 60 credits             | <b>Certificate</b> , Level I, app. 15 credits  |
| <b>AS</b> - Associates of Science Degree, app. 60 credits          | <b>Endorsement</b> , app. 5-12 credits         |

**CHOOSE ONE (1) MAIN CATEGORY AND SELECT PROGRAMS IN THAT CATEGORY**

\*Denotes programs with special restrictions; students should check with the Admissions Officer

ACCOUNTING	BEHAVIORAL HEALTH	INFORMATION TECHNOLOGY
<input type="checkbox"/> Certificate, Accounting Technician I	<input type="checkbox"/> Certificate, Behavioral Health Aide*	<input type="checkbox"/> Endorsement, Office Productivity
<input type="checkbox"/> Certificate, Accounting Technician II	<input type="checkbox"/> <b>AAS</b> , Behavioral Health Aide*	<input type="checkbox"/> Certificate, Digital Arts in the Arctic I
<input type="checkbox"/> <b>AAS</b> , Accounting	<b>BUSINESS &amp; MANAGEMENT</b>	<input type="checkbox"/> Certificate, Digital Arts in the Arctic II
<b>ALLIED HEALTH</b>	<input type="checkbox"/> Certificate, Bus Specialist I	<input type="checkbox"/> Certificate, Info Tech Supp Specialist II
<input type="checkbox"/> Endorsement, Dental Assistant Trainee	<input type="checkbox"/> Certificate, Bus Specialist II	<input type="checkbox"/> Certificate, Info Tech Supp Specialist II
<input type="checkbox"/> Certificate, Allied Health	<input type="checkbox"/> Certificate, Entrepreneur/Small Bus Mgmt I	<b>IÑUPIAQ STUDIES</b>
<input type="checkbox"/> Certificate, Medical Coding Specialist	<input type="checkbox"/> Certificate, Entrepreneur/Small Bus Mgmt II	<input type="checkbox"/> Certificate, Iñupiaq Fine Arts
<input type="checkbox"/> <b>AAS</b> , Allied Health	<input type="checkbox"/> <b>AAS</b> , Business and Management	<input type="checkbox"/> Certificate, Iñupiaq Language I
<input type="checkbox"/> <b>AA</b> , Human Services (Emphasis)	<input type="checkbox"/> <b>BBA</b> , Business Administration	<input type="checkbox"/> Certificate, Iñupiaq Language II
<b>CONSTRUCTION TRADES</b>	<b>DENTAL HEALTH THERAPY</b>	<input type="checkbox"/> <b>AAS</b> , Iñupiaq Studies
<input type="checkbox"/> Endorsement, Carpentry, Level I	<input type="checkbox"/> Certificate, Dental Health Aide*	<b>INDIGENOUS EDUCATION</b>
<input type="checkbox"/> Endorsement, Construction Mgmt	<input type="checkbox"/> <b>AAS</b> , Dental Health Therapy*	<input type="checkbox"/> Certificate, Indigenous Education I
<input type="checkbox"/> Endorsement, Electrical, Level I	<b>EMERGENCY SERVICES</b>	<input type="checkbox"/> Certificate, Indigenous Education II
<input type="checkbox"/> Endorsement, Pipefitting, Level I	<input type="checkbox"/> Endorsement, Emergency Services	<input type="checkbox"/> <b>AA</b> , Indigenous Education
<input type="checkbox"/> Endorsement, Pipeline Insulation, I	<input type="checkbox"/> Certificate, Emergency Services	<b>LIBERAL ARTS</b>
<input type="checkbox"/> Endorsement, Plumbing, Level I	<input type="checkbox"/> Certificate, Municipal Fire Control	<input type="checkbox"/> Certificate, Liberal Arts
<input type="checkbox"/> Endorsement, Scaffolding, Level I	<b>HEAVY TRUCK/EQUIP OPERATIONS</b>	<input type="checkbox"/> <b>AA</b> , Liberal Arts
<input type="checkbox"/> Endorsement, Welding Materials Tech	<input type="checkbox"/> Endorsement, Heavy Truck Operations*	<b>OFFICE MANAGEMENT</b>
<input type="checkbox"/> Certificate, Construction Technology I	<input type="checkbox"/> Endorsement, Heavy Equip Operations*	<input type="checkbox"/> Certificate, Office Management I
<input type="checkbox"/> Certificate, Construction Technology II	<b>INDUSTRIAL SAFETY</b>	<input type="checkbox"/> Certificate, Office Management II
<input type="checkbox"/> <b>AAS</b> , Construction Technology	<input type="checkbox"/> Endorsement, Industrial Safety Level I	<input type="checkbox"/> <b>AAS</b> , Office Management
		<input type="checkbox"/> <b>AAS</b> , Office Management (Medical)

**Applicant Disclosure:**

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 Ilisagvik College policies upon enrollment.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Guardian Signature (if applicant is under 18) 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](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](http://www.acha.org/meningitis), and the Centers for Disease Control and Prevention, [www.cdc.gov/ncidod/diseases/submenu/sub\\_meningitis.htm](http://www.cdc.gov/ncidod/diseases/submenu/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