



ADMISSIONS CHECKLIST

Required for Admission

- Application for Admission**
 - **Fall semester deadline: Aug 2, 2019**
 - **Spring semester deadline: Dec. 13 2019**
- Request for Transcripts**
 - Complete form for verification of high school diploma or
 - Contact the State Department, (Donna) at 907.465.4685 for GED transcript
- Tribal Status Documentation** (for Alaska Native or American Indian applicants)
 - Copy of Tribal Card or
 - Shareholder Verification form
- Meningitis Form**

Required prior to Registration for Classes

- Registration form**
- Placement Testing (ACCUPLACER)** (For more information, email birgit.meany@ilisagvik.edu or call 907.852.1818)

Optional

- Contract/Application for Housing** (Ilisagvik provides on-campus, double occupancy dormitory rooms. Applicants must submit an application to the Residential Center. Contact Student Services, at 907.852.1809.)
- Consultation with Financial Aid Manager** (Call Nancy Grant at 907.852.1708 or email fin.aid@ilisagvik.edu for information.)

For any Admissions related questions, contact Haavale Tuilautala at 907.852.1754 or email registration@ilisagvik.edu.



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

Office Use Only
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

BBA – Bachelor in Business Administration, app. 120 credits	Certificate , no level, app. 30 credits
AAS – Associate of Applied Science Degree, app. 60 credits	Certificate , Level II, app. 30 credits
AA – Associates of Arts Degree, app. 60 credits	Certificate , Level I, app. 15 credits
AS - Associates of Science Degree, app. 60 credits	Endorsement , 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	BUSINESS & MANAGEMENT	INFORMATION TECHNOLOGY
<input type="checkbox"/> Certificate, Accounting Technician I	<input type="checkbox"/> Certificate, Bus Specialist I	<input type="checkbox"/> Endorsement, Office Productivity
<input type="checkbox"/> Certificate, Accounting Technician II	<input type="checkbox"/> Certificate, Bus Specialist II	<input type="checkbox"/> Certificate, Data Analysis I
<input type="checkbox"/> AAS , Accounting	<input type="checkbox"/> Certificate, Entrepreneur/Small Bus Mgmt I	<input type="checkbox"/> Certificate, Data Analysis II
ALLIED HEALTH	<input type="checkbox"/> Certificate, Entrepreneur/Small Bus Mgmt II	<input type="checkbox"/> Certificate, Digital Arts in the Arctic I
<input type="checkbox"/> Endorsement, Dental Assistant Trainee	<input type="checkbox"/> AAS , Business and Management	<input type="checkbox"/> Certificate, Digital Arts in the Arctic II
<input type="checkbox"/> Certificate, Allied Health	<input type="checkbox"/> BBA , Business Administration	<input type="checkbox"/> Certificate, Info Tech Supp Specialist II
<input type="checkbox"/> Certificate, Medical Coding Specialist	DENTAL HEALTH THERAPY	<input type="checkbox"/> Certificate, Info Tech Supp Specialist II
<input type="checkbox"/> AAS , Allied Health	<input type="checkbox"/> Certificate, Dental Health Aide*	<input type="checkbox"/> AAS , Information Technology
<input type="checkbox"/> AA , Human Services (Emphasis)	<input type="checkbox"/> AAS , Dental Health Therapy*	INDIGENOUS EDUCATION
CONSTRUCTION TRADES	EMERGENCY SERVICES	<input type="checkbox"/> Certificate, Indigenous Education I
<input type="checkbox"/> Endorsement, Carpentry, Level I	<input type="checkbox"/> Endorsement, Emergency Services	<input type="checkbox"/> Certificate, Indigenous Education II
<input type="checkbox"/> Endorsement, Construction Mgmt	<input type="checkbox"/> Certificate, Emergency Services	<input type="checkbox"/> AA , Indigenous Education
<input type="checkbox"/> Endorsement, Electrical, Level I	<input type="checkbox"/> Certificate, Municipal Fire Control	LIBERAL ARTS
<input type="checkbox"/> Endorsement, Pipefitting, Level I	HEAVY TRUCK/EQUIP OPERATIONS	<input type="checkbox"/> Certificate, Liberal Arts
<input type="checkbox"/> Endorsement, Pipeline Insulation, I	<input type="checkbox"/> Endorsement, Heavy Truck Operations*	<input type="checkbox"/> AA , Liberal Arts
<input type="checkbox"/> Endorsement, Plumbing, Level I	<input type="checkbox"/> Endorsement, Heavy Equip Operations*	OFFICE MANAGEMENT
<input type="checkbox"/> Endorsement, Scaffolding, Level I	INDUSTRIAL SAFETY	<input type="checkbox"/> Certificate, Office Management I
<input type="checkbox"/> Endorsement, Welding Materials Tech	<input type="checkbox"/> Endorsement, Industrial Safety Level I	<input type="checkbox"/> Certificate, Office Management II
<input type="checkbox"/> Certificate, Construction Technology I	IÑUPIAQ STUDIES	<input type="checkbox"/> AAS , Office Management
<input type="checkbox"/> Certificate, Construction Technology II	<input type="checkbox"/> Certificate, Iñupiaq Fine Arts	<input type="checkbox"/> AAS , Office Management (Medical)
<input type="checkbox"/> AAS , Construction Technology	<input type="checkbox"/> Certificate, Iñupiaq Language I	
BEHAVIORAL HEALTH	<input type="checkbox"/> Certificate, Iñupiaq Language II	
<input type="checkbox"/> Certificate, Behavioral Health Aide*	<input type="checkbox"/> AAS , Iñupiaq Studies	
<input type="checkbox"/> AAS , Behavioral Health Aide*		

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



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

HIGH SCHOOL TRANSCRIPT REQUEST

Student's Name:				SS#
	<i>(Last)</i>	<i>(first)</i>	<i>(Middle)</i>	
Former Name(s):				Birthdate:
Phone #				Email Address:

Educational Institution Where You Earned Your High School Diploma:

Name:			
Address:			
Phone:			Fax:
Date of Graduation:			
Date of Last Attendance:			

Please send a certified official high school transcript record to:

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

Signature: _____ **Date:** _____

** To request GED, please contact Donna Collins (907) 465-4685 P. (907) 465-4186 F or email her @donna.collins@alaska.gov



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.

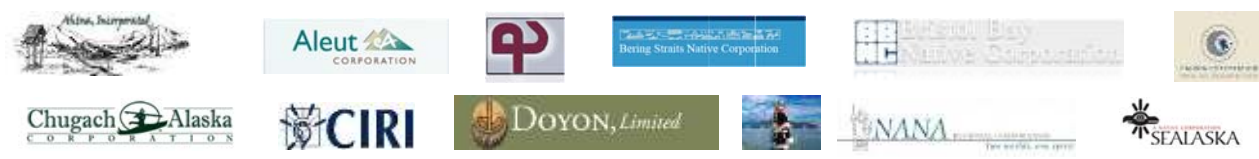
Thank you.

Birgit Meany, Ed.D.

Dean of Academic Affairs

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
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Signature of Shareholder and/or Custodian of Record for Minor	Date
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Phone Number	E-mail address
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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.

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/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