



ADMISSIONS CHECKLIST

Required for Admission

- **Application for Admission**
 - **Fall Semester:** Aug. 7, 2020
 - **Spring Semester:** Dec. 18, 2020
- **Request for Transcripts**
 - Complete form for verification of high school diploma **or**
 - Contact the State Department, (Donna) at [907.465.4685](tel:907.465.4685) for GED transcript
- **Tribal Status Documentation** (for Alaska Native/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, please email birgit.meany@ilisagvik.edu or call [907.852.1818](tel:907.852.1818))

Optional

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

**For any Admissions related questions, contact Haavale Tuilautala
([907.852.1754](tel: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@ilisaġvik.edu

Please print clearly; complete all fields below						Office Use only	
Semester (Check one): Spring Summer Fall Year 20						Date Received:	
Last Name:				First:		Middle:	
Previous Names:							
Date of Birth:			SS#		Gender: Male Female Other		
Mailing Address	Address						
	City:			State:		Zip Code	
Email Address:				Work Phone:			
Home Phone:				Cell Phone:			
Marital Status:		Single without children		Single with children		Married without children	
		Married with children					
Did your parents/guardians graduate from a four-year college/university?						Yes No	
Tribal Status if Applicable		Shareholder of any Alaska Native Corporation			Tribal member		
Name of Corporation/Tribe (provide verification)							
Ability to speak Alaska Native/American Indian Language				None Limited		Conversational Fluent	
Ethnic Origin	Alaska Native		African-American		American Indian		Asian
	Caucasian		Hawaiian		Hispanic		Pacific Islander Other
Alaska Resident (1yr) <input type="checkbox"/> Yes <input type="checkbox"/> No		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Nation of Citizenship					
		Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No					
Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Enrollment Status (Check one)							
<input type="checkbox"/> Part-time (1-6 credits) <input type="checkbox"/> Part-time (7-11 credits) <input type="checkbox"/> Full-time (12 or more credits)							
Housing: <input type="checkbox"/> I plan to live off-campus <input type="checkbox"/> I would like student dormitory housing (housing application needed)							
Level of Education Completed							
Please have transcripts of all past schools attended, including proof of high school graduation or G.E.D. certificate, sent to Iłisaġvik.							
<input type="checkbox"/> High School Graduate		Date:			Name of School:		
<input type="checkbox"/> G.E.D. Completion		Date:			Site:		
<input type="checkbox"/> Associates Degree		<input type="checkbox"/> Bachelor's Degree			<input type="checkbox"/> Master's Degree		
Test Taken: Please have test results sent to Iłisaġvik College, Office of the Registrar							
<input type="checkbox"/> ACCUPLACER <input type="checkbox"/> ACT <input type="checkbox"/> SAT <input type="checkbox"/> Other:							
Special Needs/Disability: Please indicate if you will request accommodations. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

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
Certificate, Accounting Technician I	Certificate, Bus Specialist I	Endorsement, Office Productivity
Certificate, Accounting Technician II	Certificate, Bus Specialist II	Certificate, Data Analysis I
AAS , Accounting	Certificate, Entrepreneur/Small Bus Mgmt I	Certificate, Data Analysis II
Allied Health	Certificate, Entrepreneur/Small Bus Mgmt II	Certificate, Digital Arts in the Arctic I
Endorsement, Dental Assist. Trainee	AAS , Business and Management	Certificate, Digital Arts in the Arctic II
Certificate, Allied Health	BBA , Business Administration	Certificate, Info Tech Supp Specialist II
Certificate, Medical Coding Specialist	Dental Health Therapy	Certificate, Info Tech Supp Specialist II
AAS , Allied Health	Certificate, Dental Health Aide*	AAS , Information Technology
AA , Human Services (Emphasis)	AAS , Dental Health Therapy*	Indigenous Education
Construction Trades	Heavy Truck/Equip Operations	Certificate, Indigenous Education I
Endorsement, Building Maintenance	Endorsement, Heavy Truck Operations*	Certificate, Indigenous Education II
Endorsement, Carpentry, Level I	Endorsement, Heavy Equip Operations*	AA , Indigenous Education
Endorsement, Construction Mgmt	Industrial Safety	Liberal Arts
Endorsement, Electrical, Level I	Endorsement, Industrial Safety Level I	Certificate, Liberal Arts
Endorsement, Pipefitting, Level I	Iñupiaq Studies	AA , Liberal Arts
Endorsement, Pipeline Insulation, I	Certificate, Iñupiaq Fine Arts	Office Management
Endorsement, Plumbing, Level I	Certificate, Iñupiaq Language I	Certificate, Office Management I
Endorsement, Scaffolding, Level I	Certificate, Iñupiaq Language II	Certificate, Office Management II
Endorsement, Welding Materials Tech	AAS , Iñupiaq Studies	AAS , Office Management
Certificate, Construction Technology I		AAS , Office Management (Medical)
Certificate, Construction Technology II		Tribal Doctor
AAS , Construction Technology		Certificate, Tribal Doctor I
		Certificate, Tribal Doctor II

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 Ilisaġvik 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 9723
Phone: 907.852.1754 or 1757
Fax: 907.852.1784

HIGH SCHOOL TRANSCRIPT REQUEST

Student Name

First

Middle

Last

SS#

Former Name(s)

Birthdate

Email Address

Educational Institution Where You Earned Your High School Diploma

Name

Address

Phone

Fax

Date of Graduation

Date Last Attended

Please send a certified official high school transcript record to:

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

Signature: _____

Date: _____

** To request GED, please contact Donna Collins (907) 465-4685 or (907) 465-4186 or email her at 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"/> CIRI |
| <input type="checkbox"/> Aleut Corporation | <input type="checkbox"/> Doyon, Limited |
| <input type="checkbox"/> Arctic Slope Regional Corporation | <input type="checkbox"/> Koniag, Inc. |
| <input type="checkbox"/> Bering Straits Native Corporation | <input type="checkbox"/> NANA Regional Corporation |
| <input type="checkbox"/> Bristol Bay Native Corporation | <input type="checkbox"/> SEALASKA |
| <input type="checkbox"/> Calista Corporation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chugach Alaska Corporation | |



First Name (Print) Last Name (Print) Social Security # Date of Birth

Phone # Email address

Signature of Shareholder and/or Custodian of Record for Minor 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. 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