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 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)

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.)

- 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 (907.852.1754) or email registration@ilisagvik.edu.
APPLICATION FOR ADMISSION

Please print clearly; complete all fields below

Semester (Check one): [ ] Spring [ ] Summer [ ] Fall [ ] Year 20

Date Received:

Last Name: [ ] First: [ ] Middle:

Previous Names:

Date of Birth: [ ] SS#: [ ] Gender: [ ] Male [ ] Female [ ] Other

Address:
City: [ ] State: [ ] Zip Code

Email Address: [ ] Work Phone:

Home Phone: [ ] Cell Phone:

Marital Status: [ ] Single without children [ ] Single with children [ ] Married without 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


Caucasian [ ] Hawaiian [ ] Hispanic [ ] Pacific Islander [ ] Other

Alaska Resident (1yr) [ ] Yes [ ] No

US Citizen [ ] Yes [ ] No If no, Nation of Citizenship

Permanent Resident [ ] Yes [ ] No

Active Military[ ] Yes [ ] No

If no, are you a Veteran? [ ] Yes [ ] No

Enrollment Status (Check one)

[ ] Part-time (1-6 credits) [ ] Part-time (7-11 credits) [ ] Full-time (12 or more credits)

Housing: [ ] plan to live off-campus [ ] 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 Ilisaġvik.

[ ] High School Graduate Date: [ ] Name of School:

[ ] G.E.D. Completion Date: [ ] Site:

[ ] Associates Degree [ ] Bachelor’s Degree [ ] Master’s Degree

Test Taken: Please have test results sent to Ilisaġvik College, Office of the Registrar

[ ] ACCUPLACER [ ] ACT [ ] SAT [ ] Other:

Special Needs/Disability: Please indicate if you will request accommodations. [ ] Yes [ ] No
LIST ANY PRIOR COLLEGES AND/OR UNIVERSITIES ATTENDED BELOW.

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

<table>
<thead>
<tr>
<th>College/University Name</th>
<th>Dates Attended</th>
<th>Degree Earned</th>
<th>Date of Award</th>
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<tbody>
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</table>

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

- **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

Certificate, no level, app. 30 credits
Certificate, Level II, app. 30 credits
Certificate, Level I, app. 15 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

<table>
<thead>
<tr>
<th>Accounting</th>
<th>Business Management</th>
<th>Information Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate, Accounting Technician I</td>
<td>Certificate, Bus Specialist I</td>
<td>Endorsement, Office Productivity</td>
</tr>
<tr>
<td>Certificate, Accounting Technician II</td>
<td>Certificate, Bus Specialist II</td>
<td>Certificate, Data Analysis I</td>
</tr>
<tr>
<td>AAS, Accounting</td>
<td>Certificate, Entrepreneur/Small Bus Mgmt</td>
<td>Certificate, Data Analysis II</td>
</tr>
<tr>
<td><strong>Allied Health</strong></td>
<td>Certificate, Entrepreneur/Small Bus Mgmt II</td>
<td>Certificate, Digital Arts in the Arctic I</td>
</tr>
<tr>
<td>Endorsement, Dental Assist. Trainee</td>
<td>AAS, Business and Management</td>
<td>Certificate, Digital Arts in the Arctic II</td>
</tr>
<tr>
<td>Certificate, Allied Health</td>
<td>BBA, Business Administration</td>
<td>Certificate, Info Tech Supp Specialist II</td>
</tr>
<tr>
<td>Certificate, Medical Coding Specialist</td>
<td><strong>Dental Health Therapy</strong></td>
<td>Certificate, Info Tech Supp Specialist II</td>
</tr>
<tr>
<td>AAS, Allied Health</td>
<td>Certificate, Dental Health Aide*</td>
<td>AAS, Information Technology</td>
</tr>
<tr>
<td>AA, Human Services (Emphasis)</td>
<td>AAS, Dental Health Therapy*</td>
<td><strong>Indigenous Education</strong></td>
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</table>

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<tr>
<th>Construction Trades</th>
<th>Business Management</th>
<th>Information Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endorsement, Building Maintenance</td>
<td>Endorsement, Heavy Truck Operations*</td>
<td>Certificate, Indigenous Education I</td>
</tr>
<tr>
<td>Endorsement, Carpentry, Level I</td>
<td>Endorsement, Heavy Equip Operations*</td>
<td>Certificate, Indigenous Education II</td>
</tr>
<tr>
<td>Endorsement, Construction Mgmt</td>
<td><strong>Industrial Safety</strong></td>
<td>AAS, Indigenous Education</td>
</tr>
<tr>
<td>Endorsement, Electrical, Level I</td>
<td>Endorsement, Industrial Safety Level I</td>
<td><strong>Iñupiaq Studies</strong></td>
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<tr>
<td>Endorsement, Pipefitting, Level I</td>
<td></td>
<td>AA, Iñupiaq Studies</td>
</tr>
<tr>
<td>Endorsement, Pipeline Insulation, I</td>
<td>Certificate, Iñupiaq Fine Arts</td>
<td><strong>Office Management</strong></td>
</tr>
<tr>
<td>Endorsement, Plumbing, Level I</td>
<td>Certificate, Iñupiaq Language I</td>
<td>Certificate, Office Management I</td>
</tr>
<tr>
<td>Endorsement, Scaffolding, Level I</td>
<td>Certificate, Iñupiaq Language II</td>
<td>Certificate, Office Management II</td>
</tr>
<tr>
<td>Endorsement, Welding Materials Tech</td>
<td><strong>AAS, Iñupiaq Studies</strong></td>
<td>AAS, Office Management</td>
</tr>
<tr>
<td>Certificate, Construction Technology I</td>
<td></td>
<td>AAS, Office Management (Medical)</td>
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<tr>
<td>Certificate, Construction Technology II</td>
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<td></td>
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<tr>
<td><strong>AAS, Construction Technology</strong></td>
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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.

<table>
<thead>
<tr>
<th>Applicant Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Guardian Signature (if applicant is under 18)</td>
<td>Date</td>
</tr>
</tbody>
</table>
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.

☐ Ahtna, Incorporated
☐ 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: ______________________________

__________________________________ ______________________________ _______________________________ ___________________
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 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/submenus/sub_meningitis.htm](http://www.cdc.gov/ncidod/diseases/submenus/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