

ADMISSIONS CHECKLIST



Application for Admission- complete both the front AND back.
HS/GED Transcript Request form for high or GED graduation verification— This form gives us permission to request an official HS/GED transcript.
Tribal Card — If you are an Alaskan Native or American Indian, please provide a current copy of your tribal card or fill out the Ilisagvik Native Shareholder Verification form.
Testing — Applicants need to take an ACCUPLACER placement test. For an appointment to take the test contact Student Services at (907) 852-1779 [toll free in Alaska at (800) 478-7337, ext. 1779]. Testing can also be arranged in the villages by appointment.
Meningitis Form- read and sign.
Financial Aid — apply to get scholarships and other help with tuition at (907) 852-1708 [toll-free in Alaska at (800) 478-7337, ext. 1708].
Contract/Application for Housing — If you want to stay on campus in a dormitory room (double occupancy), you must apply for admission to the residential center. Contact Student Services, at (907) 852-1809 [toll free in Alaska at (800) 478-7337, ext. 1809].
For questions or help, please contact the office of the Registrar / Admissions at (907) 852-1757 [toll free in Alaska at (800) 478-7337, ext. 1757] or via e-mail at registration@ilisagvik.edu.



APPLICATION FOR ADMISSION

Office of the Registrar P.O. Box 749 Barrow, AK 99723 Phone: 907.852.1757 or 1771 Fax: 907.852.1784

registration@ilisagvik.edu

PLEASE PRINT CAREFULLY – Complete all information requested below.

	1	1		Office Use Only	
Semester (Check One): Spring	Summer	Fall Year 20	Received	Date:	
Last Name	First Name		Middle Previ	ious Names	
			☐ Male	☐ Female	
Date of Birth (mm/dd/yyyy)	Social Security Nu	mber			
MAILING ADDRESS:					
Address		City	State	Zip Code	
E-mail Address		Work Phone	Cell Phone	Home Phone	
	dren	ildren Married	without children [☐ Married with children	
Did your parents or guardians graduate from	om a four-year college or	university? Yes	s 🗆 No		
Are you: Shareholder of any A	laska native Corporation	T	ribe member		
Name of Corporation or T	ribe		(Provide Veri	fication)	
Can you speak American Indian or Ala	skan Native Languages	?:			
☐ None ☐ Limited	☐ Convers	ational [] Fluent		
Ethnic Origin: (Check One)		-		Asian Caucasian Other	
Alaska Resident:				ien *Please Provide Verification	
Active Military: ☐ Yes ☐ No			es 🗆 No		
Enrollment Status: (Check One) □ Part-Time - 1 to 6 credits □ F	art-Time - 7 to 11 credits	☐ Fu	ll -Time - 12 or more	e credits	
Housing:					
☐ I plan to live off campus					
☐ I would like student dormitory housing (housing application needed)					
☐ I would like family housing (if ava	ailable) (housing applicati	on needed) 			
EDUCATION LEVEL COMPLETED					
Please have transcripts of all past schools	attended, including proof	of high school grad	uation or G.E.D. cert	tificate, sent to Ilisagvik.	
	Date:	_ Name of School:			
☐ G.E.D. Certificate Completion	Date:	_ Site:			
☐ Associate Degree	☐ Bachelor Degree	☐ Master's Degr	ree		
TEST TAKEN: Please have results of	test sent to Ilisagvik Coll	lege Office of the R	egistrar.		
☐ ACCUPLACER ☐ ASSET	☐ COMPASS	☐ Other::			



all the rules of Ilisagvik College upon enrollment.

Applicant's Signature:

APPLICATION FOR ADMISSION

COLLEGES AND UNIVERSITIES ATTENDED LIST BELOW.

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

College/University Name City and State Dates Attended Degree earned Date of Award

Allied Health Program	Business - Business & Management Program
Allied Health Certificate	☐ Business Specialist I Certificate
☐ Allied Health Associate of Science	☐ Business Specialist I Certificate
☐ Dental Assistant Trainee Endorsement	☐ Business and Management Associate of Applied Science
☐ Human Services (Emphasis) Associate of Arts	☐ Entrepreneurship/Small Business Management I
☐ Medical Coding Specialist Certificate	☐ Entrepreneurship/Small Business Management II
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Associated Construction Trades Program	Emergency Services Program
☐ Carpentry, Level I Endorsement	☐ Emergency Services Certificate
☐ Construction Management Endorsement	☐ Municipal Fire Control Certificate
☐ Electrical, Level I Endorsement	
☐ Pipefitting, Level I Endorsement	Heavy Truck and Equipment Operations Program
☐ Pipeline Insulation, Level I Endorsement	☐ Heavy Truck Operations Endorsement
☐ Plumbing, Level I Endorsement	☐ Heavy Equipment Operations Endorsement
☐ Scaffolding, Level I Endorsement	
☐ Welding Materials Technology Endorsement	Industrial Safety Program
☐ Construction Technology I Certificate	☐ Industrial Safety Level I Endorsement
☐ Construction Technology II Certificate	
☐ Construction Technology Associate of Applied Science	Information Technology Program
	☐ Information Technology Support Specialist I Certificate
Business - Accounting Program	☐ Information Technology Support Specialist II Certificate
☐ Accounting Technician I Certificate	
☐ Accounting Technician II Certificate	Iñupiaq Studies Program
☐ Accounting Associate of Applied Science	☐ Iñupiaq Fine Arts Certificate
	☐ Iñupiaq Language I Certificate
Business - Office Administration Program	☐ Iñupiaq Language II Certificate
☐ Office Administration I Certificate	☐ Iñupiaq Studies Associate of Arts
☐ Office Administration II Certificate	
☐ Office Administration Associate of Applied Science	Indigenous Early Learning Program
☐ Office Administration (Medical Emphasis) <i>Associate of</i>	☐ Indigenous Early Learning Certificate
Applied Science	☐ Indigenous Early Learning <i>Associate of Arts</i>
☐ Medical Office Administration I Certificate	
☐ Medical Office Administration II Certificate	Liberal Arts Program
	☐ Liberal Arts Certificate
V D. A. L. Di	☐ Liberal Arts Certificate
AK Dental Therapy Education Program	
☐ Dental Health Aide, Certificate ☐ Dental Health Therapy <i>Associate of Applied Science</i>	

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

Date:



Office of the Registrar P.O. Box 749 Barrow, AK 99723 Phone: 907.852.1757 or 1763

Fax: 907.852.1784

HIGH SCHOOL/GED TRANSCRIPT REQUEST

Former Name(s): Birth	SS#
Phone # Email Address: EDUCATIONAL INSTITUTION WHERE YOU EARNED YOUR HIGH SCHOOL I Name: Address: Phone: Fax: Date You Graduated: Last Date You Attended High School: Date GED Received: Please send a certified official high school transcript or GED record to: Office of the Registrar Ilisagvik College P.O. Box 749	
EDUCATIONAL INSTITUTION WHERE YOU EARNED YOUR HIGH SCHOOL I Name: Address: Phone: Fax: Date You Graduated: Last Date You Attended High School: Date GED Received: Please send a certified official high school transcript or GED record to: Office of the Registrar Ilisagvik College P.O. Box 749	date:
Name: Address: Phone: Fax: Date You Graduated: Last Date You Attended High School: Date GED Received: Please send a certified official high school transcript or GED record to: Office of the Registrar Ilisagvik College P.O. Box 749	_
Name: Address: Phone: Fax: Date You Graduated: Last Date You Attended High School: Date GED Received: Please send a certified official high school transcript or GED record to: Office of the Registrar Ilisagvik College P.O. Box 749	
Phone: Fax: Date You Graduated: Last Date You Attended High School: Date GED Received: Please send a certified official high school transcript or GED record to: Office of the Registrar Ilisagvik College P.O. Box 749	DIPLOMA OR GED
Phone: Fax: Date You Graduated: Last Date You Attended High School: Date GED Received: Please send a certified official high school transcript or GED record to: Office of the Registrar Ilisagvik College P.O. Box 749	
Phone: Fax: Date You Graduated: Last Date You Attended High School: Date GED Received: Please send a certified official high school transcript or GED record to: Office of the Registrar Ilisagvik College P.O. Box 749	
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Date You Graduated: Last Date You Attended High School: Date GED Received: Please send a certified official high school transcript or GED record to: Office of the Registrar Ilisagvik College P.O. Box 749	
Last Date You Attended High School: Date GED Received: Please send a certified official high school transcript or GED record to: Office of the Registrar Ilisagvik College P.O. Box 749	
Date GED Received: Please send a certified official high school transcript or GED record to: Office of the Registrar Ilisagvik College P.O. Box 749	
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Office of the Registrar Ilisagvik College P.O. Box 749	
Barrow, AK 99723	
Signature: Do	



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 must aiian

recognized tribal college, the College receives some of its funding from the federal government and provide proof that a certain percentage of the student body is American Indian, Alaska Native, Hawa 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: □ Other:
Aleut Aleut CORPORATION Chugach Alaska CORPORATION Chugach Alaska CORPORATION DOYON, Limited SEALASKA Too world, nor spirit
First Name (Print) Last Name (Print) Social Security # Date of Birth
Signature of Shareholder and/or Custodian of Record for Minor Date

Phone Number E-mail address



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.

For 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/submenus/sub_meningitis.htm.

I have received a copy of this notice on menir	igococcai disease.			
I have received an immunization against meningococcal disease.				
Student Name	-			
Student Signature	Date			