



AMERICAN SAMOA COMMUNITY COLLEGE

Admission Application

PLEASE TYPE OR PRINT CLEARLY IN INK. COMPLETE FORM AND SUBMIT IT TO THE CAMPUS ADMISSIONS OFFICE

SEMESTER ENTERING / YEAR FALL SPRING 20 SUMMER	LEGAL NAME: LAST FIRST MIDDLE / SUFFIX	GENDER (check one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
P.O. BOX #: _____	VILLAGE: _____	PHONES HOME: _____ CELL: _____ OTHER: _____	V.A. Benefits: <input type="checkbox"/> YES <input type="checkbox"/> NO		
SOCIAL SECURITY NUMBER _____ / _____ / _____	DATE OF BIRTH (month / day / year) _____ / _____ / _____	ETHNICITY (see reverse side for ethnicity codes) _____	BIRTH PLACE City/State _____ / _____	CITIZENSHIP <input type="checkbox"/> USA <input type="checkbox"/> Am. Samoa OTHER: _____ (please specify)	
NON-U.S./NON-A.S. CITIZEN ONLY: (attach copy of Immigration I.D. and Board Authorization) IMMIGRATION I.D. # _____	Please state your Immigration Status: (P1, P2, CA, etc...) _____	DATE ENTERED AM. SAMOA (month/year) _____ / _____	IMMIGRATION I.D. EXPIRATION DATE (month / day / year) _____ / _____ / _____		
This email will be used for communication purposes. Please update your email address if you change it in the future. Email Address (if any): _____		MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED			
EMERGENCY CONTACT: Name: _____ Relationship: _____ Phone Number: _____ Email (if any): _____					
NAME OF HIGH SCHOOL GRADUATED/WILL GRADUATE or G.E.D. _____		CITY _____	STATE/COUNTRY _____	MONTH/YEAR GRADUATED/WILL GRADUATE _____ / _____	
LIST EVERY COLLEGE, UNIVERSITY, BUSINESS AND POST-SECONDARY SCHOOL ATTENDED					
NAME OF INSTITUTION LIST MOST RECENT FIRST (Attach additional sheet if necessary)	CITY/STATE OR CITY/COUNTRY	ATTENDED FROM MONTH/YEAR	ATTENDED TO MONTH/YEAR	MAJOR OR DEGREE EARNED	Month/Year Received
This applies to individuals with certified disabilities ONLY. <input type="checkbox"/> SPECIAL ACCOMMODATIONS Please check box if you require any special assistance. Also, please contact Dean of Student Services Office for more information and/or assistance.		Check type(s) of assistance you require. <input type="checkbox"/> Reader <input type="checkbox"/> Note-taker <input type="checkbox"/> Interpreter <input type="checkbox"/> more time on exam <input type="checkbox"/> OTHER: please specify _____			
LIST YOUR CHOICE OF ACADEMIC PROGRAM(S) (see reverse side for Programs and Codes) <u>CODE / PROGRAM NAME</u> 1. _____ / _____ 2. _____ / _____					
APPLICATION CERTIFICATION					
I certify, under penalty of perjury, that the information on this admissions application is true and correct to the best of my knowledge. I understand that willful omission or falsification of information may result in my dismissal. I further understand that I am required to produce certified documents relevant to the determination of my residency status.					
Student Signature: _____		Date: _____			
FOR OFFICE USE ONLY					
STUDENT I.D. #: _____	FEE PAYMENT: Receipt #: _____ Amount: \$ _____	APPLICATION RECEIVED BY / DATE: _____ / _____	APPLICATION POSTED BY / DATE: _____ / _____		

Associate of Arts Degree Programs

CODE	PROGRAM TITLE
ART.AA	Art
ED.AA	Education
HSV.AA	Human Services
LIBART.AA	Liberal Arts
MSC.AA	Marine Science
MUS.AA	Music
POL.AA	Political Science
PRELAW.AA	Pre-Law
SAM.AA	Samoan

Associate of Science Degree Programs

CODE	PROGRAM TITLE
ACC.AS	Accounting
ADT.AS	Architectural Drafting
AGB.AS	Agribusiness
AGR.AS	General Agriculture
BUSMGT.AS	Business Management
CET.AS	Civil Engineering Technology
CJ.AS	Criminal Justice
ELE.AS	Electronics
FAM.AS	Family and Consumer Science
FORSCI.AS	Forensic Science
HEA.AS	Health Science
NATRES.AS	Natural Resources
NUR.AS	Nursing
OAT.AS	Office Administration and Technology

Other Program Codes:

	(Transfer to Other Educational Institute)
CREDIT	
NONDEGREE	Non-Degree Seeking

Certificate of Proficiency

CODE	PROGRAM TITLE
ABR.CERT	Auto Body Repair
ACC.CERT	Accounting
ACR.CERT	Air Conditioning
ADT.CERT	Architectural Drafting
AUTOT.CERT	Automotive Technology
BUSM.CERT	Business Management
CARPET.CERT	Carpentry
CET.CERT	Civil Engineering & Tech.
CJ.CERT	Criminal Justice
DIESEL.CERT	Diesel Engines
ELE.CERT	Electronics
ELECCOMM.CERT	Electronic Communication Systems
ELECCOMP.CERT	Electronic Computer System
ELECT.CERT	Electrical Technology
ELEM.ED.CERT	Elementary Education
GUID.CERT	Guidance and Counseling
ICT.CERT	Info. Com. & Tech.-- Electronic Office Option
LPN.CERT	Practical Nursing
MOP.CERT	Marine Options Program
NETCOMP.CERT	Networking & Computing
OAT.CERT	Office Administration & Technology
SAM.CERT	Samoan Studies
WLD.CERT	Welding

ETHNICITY

AUS	Australian
CAM	Cambodian
CAU	Caucasian
CHI	Chinese
DIS	Decline to State
FIJ	Fijian
FIL	Filipino
GER	German
GUM	Guamanian
HAW	Hawaiian
IND	Indian
ITA	Italian
JAP	Japanese
KOR	Korean
LAO	Laotian
MEX	Mexican
MIC	Micronesia
NZD	New Zealand
OTH	Other
SAM	Samoan
TAH	Tahitian
TON	Tongan
VNM	Vietnamese