



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) ____ MALE ____ 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 _____		BIRTH PLACE City/State ____ / ____		CITIZENSHIP ____ USA ____ 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"/> REASONABLE 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 ATTACHEMENT FOR ACADEMIC PROGRAM)											
<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:		APPLICATION RECEIVED BY / DATE:				APPLICATION POSTED BY / DATE:			
____		Receipt #: _____ Amount: \$ _____		____ / ____				____ / ____			

2014-2016 ACADEMIC PROGRAMS

ASSOCIATE OF ARTS Degree in Liberal Arts

ASSOCIATE OF ARTS with an Emphasis In:

Elementary Education
Human Services
Music
Political Science
Pre-Law
Samoan Studies
Visual Arts

ASSOCIATE OF SCIENCE Degree In:

Accounting
Agribusiness
Architectural Drafting
Auto Body Repair
Automotive Technology
Business Management
Carpentry
Civil Engineering Technology
Criminal Justice
Electronics
Electrical Technology
Family and Consumer Science
General Agriculture
Health Science
Marine Science
Natural Resources
Nursing
Welding

CERTIFICATE OF PROFICIENCY

Accounting
Air Conditioning & Refrigeration
Architectural Drafting
Auto Body Repair
Automotive Technology
Advanced Automotive Technology
Basic Automotive Technology
Business Management
Civil Engineering Technology
Carpentry
Diesel
Electronics - Consumer

Electronics – Communication Systems
Electronics – Computer Systems
Electrical Technology
Elementary Education
Guidance and Counseling
Information & Communication Tech. –
Electronic Office Option
Marine Option Program (MOP)
Networking & Computing
Public Health
Practical Nursing
Welding

CERTIFICATE OF COMPLETION

**Intro to Auto Body
Fundamentals of Automotive
Carpentry Fundamentals
Basic Electrical Theory
Welding Fundamentals
Nurse Aide (CNA)**

BACHELOR of Elementary Education

UPDATED: 8/7/14