



# 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 <b>20</b> 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 _____ / _____	
<b>LIST EVERY COLLEGE, UNIVERSITY, BUSINESS AND POST-SECONDARY SCHOOL ATTENDED</b>					
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"/> <b>SPECIAL ACCOMMODATIONS</b> 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. _____ / _____					
<b>APPLICATION CERTIFICATION</b>					
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: _____		
<b>FOR OFFICE USE ONLY</b>					
STUDENT I.D. #: _____	FEE PAYMENT: Receipt #: _____ Amount: \$ _____	APPLICATION RECEIVED BY / DATE: _____ / _____	APPLICATION POSTED BY / DATE: _____ / _____		

# **2012-2014 ACADEMIC PROGRAMS**

## **ASSOCIATE OF ARTS Degree in Liberal Arts**

### **ASSOCIATE OF ARTS Degree in Liberal Arts with an Emphasis In:**

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

### **ASSOCIATE OF SCIENCE Degree In:**

Accounting  
Agribusiness  
Architectural Drafting  
Business Management  
Civil Engineering Technology  
Criminal Justice  
Electronics  
Family and Consumer Science  
General Agriculture  
Health Science  
Natural Resources  
Nursing  
Marine Science

## **CERTIFICATE OF PROFICIENCY**

Accounting  
Air Conditioning & Refrigeration  
Architectural Drafting  
Auto Body Repair  
Automotive Technology  
Advanced Automotive Technology  
Business Management  
Civil Engineering Technology  
Carpentry  
Diesel Engines  
Electricity Technology

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

## **BACHELOR of Elementary Education**