



# American Samoa Community College ADMISSIONS APPLICATION

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

<b>SEMESTER ENTERING / YEAR</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING     20____ <input type="checkbox"/> SUMMER		<b>LEGAL NAME</b> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>LAST</span> <span>FIRST</span> <span>MIDDLE / SUFFIX</span> </div>			
<b>P.O. BOX #</b> _____	<b>VILLAGE</b> _____	<b>SOCIAL SECURITY NUMBER</b> ____/____/____	<b>DATE OF BIRTH</b> <small>(month / day / year)</small> ____/____/____	<b>GENDER</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<b>BIRTH PLACE</b> <small>City/State</small> _____/____		<b>ETHNICITY</b> _____		<b>CONTACT INFORMATION</b> HOME: _____ CELL: _____ EMAIL: _____	
<b>CITIZENSHIP</b> <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> U.S. NATIONAL <input type="checkbox"/> OTHER (Please specify): _____			<b>MARITAL STATUS</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED		<b>V.A. BENEFITS:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NON-U.S. CITIZEN / NON-A.S. NATIONAL ONLY</b> (Attach copy of Immigration I.D. and Board Authorization)					
<b>IMMIGRATION I.D. NUMBER</b> _____		<b>IMMIGRATION STATUS</b> <small>(P1, P2, CA, etc...)</small> _____		<b>DATE ENTERED AM. SAMOA</b> <small>(month/year)</small> ____/____	
				<b>IMMIGRATION I.D. EXPIRATION DATE</b> <small>(month / day / year)</small> ____/____/____	
<b>EMERGENCY CONTACT</b> Name: _____ Relationship: _____ Phone Number: _____					
<b>NAME OF HIGH SCHOOL GRADUATED/ WILL GRADUATE or G.E.D</b>			<b>CITY</b>	<b>STATE/COUNTRY</b>	<b>MONTH/YEAR GRADUATED/ WILL GRADUATE</b> ____/____
<b>LIST EVERY COLLEGE, UNIVERSITY, BUSINESS AND POST-SECONDARY SCHOOL ATTENDED</b>					
<b>NAME OF INSTITUTION</b> (List most recent first and attach additional sheet if necessary)	<b>CITY/STATE OR CITY/COUNTRY</b>	<b>ATTENDED FROM MONTH/YEAR</b>	<b>ATTENDED TO MONTH/YEAR</b>	<b>MAJOR OR DEGREE EARNED</b>	<b>MONTH/YEAR RECEIVED</b>
This applies to individuals with <i>certified disabilities only</i> . <input type="checkbox"/> <b>REASONABLE ACCOMMODATIONS</b> Please check box if you require any special assistance. Contact the 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): _____		
<b>LIST YOUR CHOICE OF ACADEMIC PROGRAM(S) (SEE ACADEMIC PROGRAM LIST)</b>					
<u>DEGREE</u>	<u>PROGRAM NAME</u>	<u>DEGREE</u>	<u>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>					
<b>PLACEMENT</b> <input type="checkbox"/> SAT <input type="checkbox"/> ACT <input type="checkbox"/> TOEFL <input type="checkbox"/> ASCC Placement Test	<b>STUDENT STATUS</b> <input type="checkbox"/> Early Admissions <input type="checkbox"/> New <input type="checkbox"/> Continuing <input type="checkbox"/> Returning <input type="checkbox"/> Transfer <b>OTHER:</b> <input type="checkbox"/> Unclassified/Non-Degree Seeking	<b>DOCUMENTS RECEIVED</b> <input type="checkbox"/> Passport -OR- I.D. & Birth Cert. <input type="checkbox"/> Social Security Card <input type="checkbox"/> Diploma/ GED/ School Cert./ DD214 <input type="checkbox"/> Alien Registration I.D. <input type="checkbox"/> Immigration Board Authorization <b>EARLY ADMISSIONS:</b> <input type="checkbox"/> Recommendation Letter <input type="checkbox"/> Letter from Parent/Legal Guardian <input type="checkbox"/> Official High School Transcript	<b>APPLICATION RECEIVED BY</b>  <b>DATE</b>	<b>APPLICATION POSTED BY</b>  <b>DATE</b>	<b>STUDENT I.D. #</b> _____