



American Samoa Community College ADMISSIONS APPLICATION

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

SEMESTER ENTERING / YEAR <input type="checkbox"/> FALL <input type="checkbox"/> SPRING 20____ <input type="checkbox"/> SUMMER		LEGAL NAME _____ <div style="display: flex; justify-content: space-between; font-size: small;"> LAST FIRST MIDDLE / SUFFIX </div>			
P.O. BOX # _____	VILLAGE _____	SOCIAL SECURITY NUMBER ____/____/____	DATE OF BIRTH (month / day / year) ____/____/____	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
BIRTH PLACE City/State _____/____		ETHNICITY _____		CONTACT INFORMATION HOME: _____ CELL: _____ EMAIL: _____	
CITIZENSHIP <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> U.S. NATIONAL <input type="checkbox"/> OTHER (Please specify): _____			MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED		V.A. BENEFITS: <input type="checkbox"/> YES <input type="checkbox"/> NO
NON-U.S. CITIZEN / NON-A.S. NATIONAL ONLY (Attach copy of Immigration I.D. and Board Authorization)					
IMMIGRATION I.D. NUMBER _____		IMMIGRATION STATUS (P1, P2, CA, etc...)		DATE ENTERED AM. SAMOA (month/year) ____/____/____	
IMMIGRATION I.D. EXPIRATION DATE (month / day / year) ____/____/____					
EMERGENCY CONTACT Name: _____ Relationship: _____ Phone Number: _____					
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 and 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 <i>certified disabilities only</i> . <input type="checkbox"/> REASONABLE ACCOMMODATIONS 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): _____					
LIST YOUR CHOICE OF ACADEMIC PROGRAM(S) (SEE ACADEMIC PROGRAM LIST)					
<u>DEGREE</u>		<u>PROGRAM NAME</u>		<u>DEGREE</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					
PLACEMENT <input type="checkbox"/> SAT <input type="checkbox"/> ACT <input type="checkbox"/> TOEFL <input type="checkbox"/> ASCC Placement Test		STUDENT STATUS <input type="checkbox"/> Early Admissions <input type="checkbox"/> New <input type="checkbox"/> Continuing <input type="checkbox"/> Returning <input type="checkbox"/> Transfer OTHER: <input type="checkbox"/> Unclassified/Non-Degree Seeking		DOCUMENTS RECEIVED <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 EARLY ADMISSIONS: <input type="checkbox"/> Recommendation Letter <input type="checkbox"/> Letter from Parent/Legal Guardian <input type="checkbox"/> Official High School Transcript	
STUDENT I.D. # _____				APPLICATION RECEIVED BY _____	
				APPLICATION POSTED BY _____	
				DATE _____	
				DATE _____	