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	LEGAL NAME
☐ FALL ☐ SPRING 20_____ ☐ SUMMER	_____ LAST FIRST MIDDLE / SUFFIX

P.O. BOX #	VILLAGE	SOCIAL SECURITY NUMBER	DATE OF BIRTH (month / day / year)	GENDER
_____	_____	__ __ __ / __ __ / __ __ __ __	__ __ / __ __ / __ __ __ __	☐ MALE ☐ FEMALE

BIRTH PLACE City/State	ETHNICITY	CONTACT INFORMATION
_____ / _____	_____	HOME: _____ CELL: _____ EMAIL: _____

CITIZENSHIP	MARITAL STATUS	V.A. BENEFITS:
☐ U.S. CITIZEN ☐ U.S. NATIONAL ☐ OTHER (Please specify): _____	☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED	☐ YES ☐ 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 ***certified disabilities only***.
☐ **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.
☐ Reader ☐ Note-taker ☐ Interpreter ☐ More time on exam
☐ OTHER (Please specify): _____

LIST YOUR CHOICE OF ACADEMIC PROGRAM(S) (SEE ACADEMIC PROGRAM LIST)

DEGREE	PROGRAM NAME	DEGREE	PROGRAM NAME
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	STUDENT STATUS	DOCUMENTS RECEIVED	APPLICATION RECEIVED BY	APPLICATION POSTED BY
☐ SAT ☐ ACT ☐ TOEFL ☐ ASCC Placement Test	☐ Early Admissions ☐ New ☐ Continuing ☐ Returning ☐ Transfer	☐ Passport -OR- I.D. & Birth Cert. ☐ Social Security Card ☐ Diploma/ GED/ School Cert./ DD214 ☐ Alien Registration I.D. ☐ Immigration Board Authorization		
STUDENT I.D. # __ __ __ __ __ __ __ __	**OTHER:** ☐ Unclassified/Non-Degree Seeking	**EARLY ADMISSIONS:** ☐ Recommendation Letter ☐ Letter from Parent/Legal Guardian ☐ Official High School Transcript	**DATE**	**DATE**