



Matanuska-Susitna College

UNIVERSITY of ALASKA ANCHORAGE



Student Services

P.O. Box 2889 • Palmer, AK 99645
(907) 745-9746

UNDERGRADUATE APPLICATION FOR ADMISSION

Please: Complete both sides. Print legibly in ink or type. Sign and date the application. Admission is for a specific term. If you do not attend the term for which you apply, please contact MSC Student Services.

PERSONAL:
 Full Legal Name _____
(Last name) (first) (middle)
 SID or SSN _____ Date of Birth _____
(Month) (Day) (Year)
 Previous Names _____ Gender: Male Female
 Current Mailing Address _____
(City) (State) (Zip)
 Home Phone (_____) _____ Day Phone (_____) _____ E-mail: _____
 Emergency Contact Person _____ Relationship _____
 Address _____ Phone (_____) _____

Ethnic category Not Hispanic or Latino Hispanic or Latino
Ethnic origin is requested for compliance with title IV of the Civil Rights Act of 1964. Optional, used for statistical purpose only. Check one.

<input type="checkbox"/> Alaska Aleut (AA)	<input type="checkbox"/> Alaska Indian-Athabaskan (AT)	<input type="checkbox"/> Asian/Pacific Islander (PI)
<input type="checkbox"/> Alaska Eskimo-Inupiaq (AQ)	<input type="checkbox"/> Alaska Indian-Haida (AH)	<input type="checkbox"/> Black, Non-Hispanic (BL)
<input type="checkbox"/> Alaska Eskimo-Yupik (AY)	<input type="checkbox"/> Alaska Indian-Tlingit (AK)	<input type="checkbox"/> Hispanic (HI)
<input type="checkbox"/> Alaska Eskimo-other/unspec (AE)	<input type="checkbox"/> Alaska Indian-Tsimshian (AM)	<input type="checkbox"/> White, Non-Hispanic (WH)
<input type="checkbox"/> Alaska Native-Southeast (AS)	<input type="checkbox"/> Alaska Indian-other/unspec (AI)	<input type="checkbox"/> Other (OT)
<input type="checkbox"/> Alaska Native-other (AN)	<input type="checkbox"/> American Indian-not AK Native (IN)	

RESIDENCY:
 In what state do you claim official residency? _____ Are you: Active Duty Military? Military Dependent?
 If you claim Alaska residency, how long have you lived in Alaska? _____ Branch of Service: _____
 Are you applying through the Western Undergraduate Exchange (WUE) Program? Yes No

SPECIAL CONSIDERATIONS: Are you an honorably discharged veteran? Yes No
 Are you eligible for VA Educational Benefits? Yes No Are you a military dependent? Yes/Spouse Yes/Child No

<p>CITIZENSHIP: Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list country of citizenship _____ Visa type _____ Will you be an F-1 Visa student? <input type="checkbox"/> Yes <input type="checkbox"/> No TOEFL taken? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If permanent resident, list card # _____ Country of birth _____ You must provide a photocopy of your permanent resident card.</p>
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ASSOCIATE AND CERTIFICATE PROGRAMS OFFERED AT MSC. PLEASE CHECK ONE.

<p>TERM: Check the term for which you are applying. Please choose one. <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____</p>	<input type="checkbox"/> Associate of Arts <u>Associate of Applied Science</u> <input type="checkbox"/> Accounting (AAS) <input type="checkbox"/> Architectural & Engineering Technology (AAS) <input type="checkbox"/> Computer Information & Office Systems (AAS) <input type="checkbox"/> Computer Systems Technology (AAS) <input type="checkbox"/> Human Services (AAS) <input type="checkbox"/> Paramedic Technology (AAS) Pre-Major <input type="checkbox"/> Refrigeration & Heating Technology (AAS) <input type="checkbox"/> Small Business Administration (AAS)	<p><u>Certificate</u> Architectural & Engineering Technology: <input type="checkbox"/> Arch. Drafting (CERT) <input type="checkbox"/> Civil Drafting (CERT) <input type="checkbox"/> Mech. & Electrical Drafting (CERT) <input type="checkbox"/> Structural Drafting (CERT) Refrigeration & Heating Technology: <input type="checkbox"/> (CERT)</p>
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Financial Aid Recipients: You must be admitted for the term in which you receive aid.

EDUCATIONAL BACKGROUND:				
Associate and Certificate Programs <i>If you have less than 30 semester hours, submit:</i> 1. Official high school transcript or official GED transcript. 2. Official transcript from each previously attended university and college. <i>If you have more than 30 semester hours, submit:</i> 1. Official transcript from each previously attended university and college.		Do you have or expect to have (check one): <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Foreign Equivalent <input type="checkbox"/> No Diploma To be admitted a student must submit an official high school transcript or official GED scores, or qualify under the Ability to Benefit process. Transfer students must meet the previous stated requirements and submit official transcripts from all colleges and universities previously attended.		
High School or GED	City/State	Dates Attended MO/YR	Graduation Date	
YOU MUST LIST ALL universities and colleges you have attended: (including UAA, UAF, and UAS). Submit an official transcript from each school attended: (except UAA, UAF, and UAS). Previously earned credits may be transferred toward UAA degrees or programs only from regionally accredited schools.				
University/College	City/ State	Dates Attended Year	Credits Earned	Degrees Earned & Graduation Dates
Are you currently enrolled in a university or college? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ending date of enrollment: _____ Name of school: _____ Number of credits in which you are enrolled: _____ Are you a <input type="checkbox"/> Freshman <input type="checkbox"/> Transfer <input type="checkbox"/> Returning to Mat-Su? If returning, have you attended another school since Mat-Su? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this application for a concurrent or second degree program? <input type="checkbox"/> Yes <input type="checkbox"/> No				

AGREEMENT	
ALL APPLICANTS READ AND SIGN THE FOLLOWING:	
I understand that withholding information requested on this application or giving false information may make me ineligible for admission to the University of Alaska system or subject to dismissal. With this in mind, I certify that the above statements are correct and complete, and if admitted, I agree to abide by the published policies, rules and regulations of the University of Alaska system, its campuses and sites. I further understand that from the time I file my application with the UA system, it is my responsibility to know all the rules, requirements of and exemptions from my intended degree program.	
Signature: _____	Date: _____
In order to be processed, this application must be signed, dated and accompanied by a non-refundable application fee of \$40. Please submit to Mat-Su College, Student Services, P.O. Box 2889, Palmer, AK 99645. For more information, call (907) 745-9746.	

Mat-Su College is committed to facilitating education for students experiencing disabilities.
 Students should contact an Academic Counselor in the Student Services Center, room FSM 102 or call (907) 745-9762.

Applications from all persons are welcomed, and women, members of minority groups, handicapped persons and Vietnam era veterans are especially encouraged to apply. The University of Alaska does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or status as a Vietnam era veteran in employment or in admission to or the operation of its educational programs and activities, as prescribed by Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Executive Order 11246 as amended, the Rehabilitation Act of 1973, the Vietnam Era Readjustment Act of 1974, the Age Discrimination Acts of 1974-75, and 18.80.220 of the Alaska State Code. Inquiries concerning the application of these regulations to the University may be directed to the University's Affirmative Action Office or to the director, Office of Federal contract Compliance Programs, Department of Labor.

PAY BY CREDIT CARD: I authorize MSC to charge <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card Number _____ Expiration Date _____ Signature _____ <input type="checkbox"/> \$40.00	CASHIER USE ONLY RECEIPT # _____ RECEIPT DATE _____
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