



Matanuska-Susitna College

UNIVERSITY of ALASKA ANCHORAGE

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 the MSC Admissions & Records Office.

PERSONAL:

Full Legal Name _____
(Last name) (first) (middle)

Social Security Number _____ 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 origin is requested for compliance with title IV of the Civil Rights Act of 1964. Optional, used for statistical purpose only. Check one.

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| <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

CITIZENSHIP: Are you a U.S. citizen? Yes No

If no, list country of citizenship _____ Visa type _____

Will you be an F-1 Visa student? Yes No

TOEFL taken? Yes No

If permanent resident, list card # _____

Country of birth _____

You must provide a photocopy of your permanent resident card.

ASSOCIATE AND CERTIFICATE PROGRAMS OFFERED AT MSC. PLEASE CHECK ONE.

TERM:

Check the term for which you are applying. Please choose one.

- Fall 20____
 Spring 20____
 Summer 20____

Financial Aid Recipients:

You must be admitted for the term in which you receive aid.

- Associate of Arts (AA) with Baccalaureate link _____
 Accounting (AAS)
 Architectural & Engineering Technology (AAS)
 Computer Information & Office Systems (AAS)
 Computer Systems Technology (AAS)
 Fire Service Administration (AAS)
 Human Services (AAS)
 Refrigeration & Heating Technology (AAS)
 Small Business Administration (AAS)
 Telecommunications, Electronics & Computer Technology (AAS) **Note:** CNT Track only

- Architectural & Engineering Technology:
 Arch. Drafting (CERT)
 Civil Drafting (CERT)
 Mech. & Electrical Drafting (CERT)
 Structural Drafting (CERT)
 Computer Information & Office Systems:
 (CERT)
 Refrigeration & Heating Technology:
 (CERT)
 Telecomm., Electr. & Computer Technology:
 Comp. & Ntwrking Technology (CERT)

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|--|-------------|---|-----------------|-----------------------------------|
| 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 MO/YR | Credits Earned | Degrees Earned & Graduation Dates |
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| 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 | | | | |

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| 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. (\$35 for SP/SU 2004 and \$40 beginning FA04). Please submit to Mat-Su College, 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 Advisor 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.

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| 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 _____ \$40.00 | CASHIER USE ONLY RECEIPT No. _____ RECEIPT DATE _____ |
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| FOR OFFICE USE ONLY | | |
| GED HS TRANS ATB OTHER _____ PROGRAM: _____ TERM: _____ RESIDENCY: R NR MM WUE Rate DATE: _____ BY: _____ | ADMIT DECISION: AC/SC - Adm Comp _____ AI/SI - Adm Inc _____ PP - Adm Postp _____ IN - Adm Inact _____ | ADM REQUEST/DATE RECEIVED: PGED _____ PHST _____ PRSP _____ PSET _____ PTR1 _____ PTR2 _____ PTR3 _____ PTR4 _____ Approval: _____ CST _____ FSA _____ March 2004 |