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AlaskaCareerCollege.edu

APPLICATION FOR ADMISSION

(Revised 6/27/2022)

ADMISSIONS REQUESTED FOR (Enter Program Name & Number) \_\_\_\_\_

LAST NAME:			FIRST NAME:			U.S. CITIZEN (IF NO, GIVE VISA TYPE): <input type="checkbox"/> YES <input type="checkbox"/> NO ID Number			SOCIAL SECURITY NO.:						
PREVIOUS NAME(S), IF ANY:						MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED									
CURRENT ADDRESS:						PERMANENT ADDRESS:									
CITY:			STATE:		ZIP CODE:		CITY:			STATE:		ZIP CODE:			
PHONE (HM)		PHONE (WK)		PHONE (MSG / CELL)		PLEASE NO DUPLICATE REFERENCES OR ADDRESSES									
E-MAIL ADDRESS:						IN EMERGENCY – NOTIFY (NAME):				RELATIONSHIP:					
PLACE OF BIRTH:				DATE OF BIRTH:		ADDRESS:									
HOW DO YOU DESCRIBE YOURSELF: <input type="checkbox"/> AMERICAN INDIAN – AM <input type="checkbox"/> MIXED - MI <input type="checkbox"/> ALASKA NATIVE – AM <input type="checkbox"/> HISPANIC – HI <input type="checkbox"/> ASIAN/POLYNESIAN – AS <input type="checkbox"/> WHITE – WH <input type="checkbox"/> BLACK – BL <input type="checkbox"/> OTHER – OT _____						CITY:			STATE:		ZIP CODE:				
PHONE (HM):		PHONE (WK):		PHONE (MSG / CELL):		PHONE (HM):			PHONE (WK):		PHONE (MSG / CELL):				
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO    STATE: _____    NUMBER: _____						NAME OF NEAREST RELATIVE (not living with you):						RELATIONSHIP:			
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO    (IF YES, GIVE DETAILS)						ADDRESS:									
REVIEWED BY: _____    DATE: _____						CITY:			STATE:		ZIP CODE:				
LIST YOUR MEDICAL CONDITIONS (use separate sheet if necessary)						PHONE (HM):			PHONE (WK):		PHONE (MSG / CELL):				
ARE THERE ANY REASONS WHY YOU CANNOT ACCEPT A JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO    (IF YES, EXPLAIN)						PERSONAL REFERENCE (NAME):						RELATIONSHIP:			
EDUCATION:    CIRCLE HIGHEST GRADE COMPLETED HIGH SCHOOL    9    10    11    12 COLLEGE    1    2    3    4    5						ADDRESS:									
		SCHOOL NAME AND ADDRESS:				YEAR GRAD. & DEGREE		CITY:			STATE:		ZIP CODE:		
HIGHSCHOOL								PHONE (HM):			PHONE (WK):		PHONE (MSG / CELL):		
COLLEGE								PERSONAL REFERENCE (NAME):						RELATIONSHIP:	
UNITED STATES MILITARY SERVICE						ADDRESS:									
BRANCH		DATE AND TYPE OF DISCHARGE				CITY:			STATE:		ZIP CODE:				
						PHONE (HM):			PHONE (WK):		PHONE (MSG / CELL):				
I certify that the information contained in this enrollment application is true and complete, and any misrepresentation, falsification or omission herein shall be sufficient reason for dismissal or refusal of admission. If accepted, I hereby give Alaska Career College the right and permission to use and/or publish photos and or videos of me for the purpose of publicity or advertising (to include the Internet) provided such photographs in no way involve defamation of character or misrepresentation of facts expressed or implied. ENCLOSED/ATTACHED IS MY APPLICATION FEE IN THE AMOUNT OF TWENTY-FIVE DOLLARS (\$25.00). PLEASE DO NOT MAIL CURRENCY.															
Applicant Signature _____    Date _____															
APPLICANT: DO NOT WRITE BELOW THIS LINE															
INTERVIEW															
APPEARANCE:								1. Diploma/GED/Transcript 2. Picture ID 3. \$25 Application Fee							
COMMUNICATION SKILLS:															
PERSONALITY:															
ADDITIONAL COMMENTS:															
VERIFIED BIRTHDATE						ID SOURCE									
<input type="checkbox"/> HIGH SCHOOL DIPLOMA / GED ATTACHED						<input type="checkbox"/> TRANSCRIPT REQUEST COMPLETED									
						APPLICATION ACCEPTANCE APPROVED BY / DATE:									
ENROLLMENT INTERVIEW BY:						ENROLLMENT ACCEPTANCE APPROVED BY / DATE:									
<input type="checkbox"/> ACCEPTED		<input type="checkbox"/> DENIED		CLASS # ASSIGNED:			START DATE:			END DATE:					