



University of Alaska Anchorage

KPC-UNDERGRADUATE APPLICATION FOR ADMISSION

Please Send application to:

1. Type or print legibly in ink.
2. Complete both sides.
3. Sign and date the application.
4. Enclose the \$40.00 application fee
5. Mail to Enrollment Services at the address provided.

Admissions

Kenai Peninsula College
156 College Rd.
Soldotna, Alaska 99669
(907) 262-0330

PERSONAL

Full Legal Name _____ Social Security Number _____ - _____ - _____
(Last) (First) (MI)

Previous Names _____ Gender: Male Female

Current Mailing Address _____
(Street) (City) (State) (Zip)

E-Mail Address (optional) _____ Date of Birth ____/____/____
(Month) (Day) (Year)

Local Phone Number _____ Permanent Phone Number _____

Permanent Mailing Address (If different from current) _____
(Street) (City) (State) (Zip)

ETHNIC ORIGIN: Requested for compliance with Title IV of the Civil Rights Act of 1964. Optional. Used for statistical purposes only.
Check one.

American Indian (IN) White, non-Hispanic (WH) Alaskan Eskimo, Other (AE) Alaskan Indian, Tlingit (AK)

Black, non-Hispanic (BL) Alaskan Aleut (AA) Alaskan Indian, Southeast (AS) Alaskan Indian, Haida (AH)

Hispanic (HI) Alaskan Eskimo, Inupiat (AQ) Alaskan Indian, Athabascan (AT) Alaskan Indian, Other (AI)

Asian Pacific Islander (PI) Alaskan Eskimo, Yupik (AY) Alaskan Indian, Tsimphian (AM) Alaskan Native, Other (AN)

Other (OT)

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 _____
(years) (months)

CITIZENSHIP

Are you a U.S. Citizen? Yes No

If no, list Country of Citizenship _____ Visa type _____

If permanent resident, list card # _____ Country of Birth _____

Do you require an F-1 student Visa? Yes No TOEFL taken Yes No

You must provide a photocopy of your resident alien card.

TERM

Please check the term for which you are applying:
Please choose one: Financial Aid Recipients:

Fall 20 _____ You must be admitted for

Spring 20 _____ the term in which

Summer 20 _____ you receive aid.

UNDERGRADUATE AND CERTIFICATION PROGRAMS OFFERED AT KPC

<input type="checkbox"/> Associate of Arts (AA)	<input type="checkbox"/> Digital Arts (AAS)	<input type="checkbox"/> Paramedic Technology (AAS)
<input type="checkbox"/> Computer Electronics (AAS)	<input type="checkbox"/> General Business (AAS)	<input type="checkbox"/> Petroleum Technology (CERT)
<input type="checkbox"/> Computer Info & Office Systems (AAS)	<input type="checkbox"/> Industrial Process Instrumentation (AAS)	<input type="checkbox"/> Process Technology (AAS)
<input type="checkbox"/> Computer Info & Office Systems (OEC)	<input type="checkbox"/> Mechanical Technology (CERT)	<input type="checkbox"/> Small Business Management (CERT)
<input type="checkbox"/> Corrections Program (OEC)	<input type="checkbox"/> Occupational Safety & Health (AAS)	<input type="checkbox"/> Welding Technology (CERT)
<input type="checkbox"/> Corrections Program (CERT)		

EDUCATIONAL BACKGROUND

Associate and Certificate Programs

If you have less than 30 semester hours, submit:

1. Official High School transcripts or Official GED transcripts
2. All official previously attended University and College transcripts

If you have more than 30 semester hours, submit:

1. All official previously attended University and College transcripts

Do you have or expect to have (check one) High School Diploma GED Foreign Equivalent No Diploma
 ACCUPLACER test – Date taken _____

LIST HIGH SCHOOL ATTENDED

HIGH SCHOOL or GED	CITY/STATE	DATES ATTENDED MO/YR	GRADUATION DATE

LIST ALL UNIVERSITIES AND COLLEGES ATTENDED: (INCLUDING UAA, UAF, and UAS)

Previously earned credits may be transferred toward UAA degrees or programs only from those regionally accredited schools listed below at the time of application for admission. You must submit official transcripts from each school below (except UAA, UAF and UAS) to the office of Enrollment Services.

UNIVERSITY or COLLEGE	CITY/STATE	LAST DATE ATTENDED MO/YR	DEGREES EARNED & GRADUATION DATES

Are you currently enrolled in a college or university? Yes No If yes, please state name of school _____

ADDITIONAL INFORMATION

The highest level of college education attained by either parent. Associates Bachelor Masters Doctorate

EMERGENCY CONTACT

Next of Kin (Person to notify in case of emergency) _____ Relationship _____

Mailing Address _____
(Street) (City) (State) (Zip)

Phone Number _____

AGREEMENT

ALL APPLICANTS PLEASE READ AND SIGN THE FOLLOWING

I understand that the withholding information requested on this application or giving false information may make me ineligible for admission to the University 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 regulation of the University of Alaska Anchorage. I further understand that from the time I file my application with the University, it is my responsibility to know all the rules, requirements and exemptions from my intended degree program.

(Signature) (Date)

In order to be reviewed, this application must be signed, dated and accompanied by a non-refundable application fee. (\$40)

AFFIRMATIVE ACTION

The University of Alaska Anchorage provides equal opportunity regardless of race, creed, color, national origin, religion, sex age, citizenship, pregnancy, childbirth or related medical conditions, disability, or status as a Vietnam era or disabled veteran. Inquires concerning the application of these regulation to the University Office of Campus Diversity and Compliance, the Office of Civil Rights, or to the Office of Federal Contract Compliance Programs.

PAY BY CREDIT CARD

I authorize KPC to charge Visa MasterCard

Card Number _____ Expiration Date _____ Signature _____