

Office of Admissions & Records PO Box 9, Koror, Republic of Palau 96940 • Telephone: (680) 488-2470/2471 extensions 249 / 274 / 257 • FAX: (680) 488-5112 E-mail address: registrar@palau.edu • Website address: pcc.palau.edu

ADMISSIONS INFORMATION

Applicant Status:		(Read the applicant status below in order to know which status applies to you.)					
1.	First Time_	-	An applicant who is enrolling at the college for the first time after graduating from high school/high school equivalent.				
2.	Transfer	-	An applicant who was enrolled in another accredited postsecondary institution.				
STUD	STUDENT CLASSIFICATION: (Select from below which student classification you wish to apply under when enrolling at PCC.)						
1.	Declared:	-	A student with a declared academic major seeking a degree upon admission.				
2.	Undeclared:	-	A student who intends to seek a degree upon admission but is undecided on an academic major and/or lacks entrance requirements to a particular major. An undeclared student is given one semester only to declare a major.				
3.	Dual Applicant	-	A selected high school junior or senior who wishes to earn college credits prior to high school graduation.				
4.	Unclassified (N	on-degree) -	An applicant who is not seeking a degree but will earn grade(s) and college credit(s);				

- he/she will have to declare a major after completing 12 required credits of particular program/major.
- 5. Enrichment (Audit) An applicant who will take course(s) for personal enrichment purposes and will not earn grade(s) or college credit(s).

To complete the application process, the following required documents must be submitted to the Admissions & Records Office.

1. Admissions Application

This form is available online at <u>pcc.palau.edu</u> and on the Admissions & Records Office page.

2. Application Fee

A \$10.00 (US currency) non-refundable fee. Please make payment by check or money order payable to "Palau Community College" if sent by mail. DO NOT SEND CASH. (note: applicants paying in person, may pay CASH).

3. Transcripts

Official transcripts from high school (GED or Adult) and/or college must be sent directly from each school to the above address. Transcripts sent via fax or email are not considered official.

4. Copy of Passport, Legal ID, or Birth Certificate

5. Copy of Social Security Number

NOTE:

1 Transfer Applicant

Submit college transcript if you completed 12 or more semester credits of college level courses. Submit course descriptions if you wish to have your college/university credits considered toward your major. If you earned less than 12 credits of college level courses, submit an official high school transcripts in lieu of college transcript.

2. Documents

All documents received are the property of PCC Office of Admissions & Financial Aid and will not be released to or reproduced for student. Students are responsible to make duplicate copies of all documents, for their record, before submitting to Office of Admissions & Financial Aid.

Accredited by Accrediting Commission for Community and Junior Colleges (ACCJC) of the Western Association of Schools and Colleges (WASC)

AFFIRMATIVE ACTION POLICY:

It is the policy of PCC to comply with Federal laws which prohibit discrimination on the basis of race, color, national origin, marital status, sex, age or disability in its programs and activities, including students and applicants for admission to the College.

DEGREE PROGRAMS that are available at PCC:

- 1. Associate of Applied Science (AAS): Completion of at least 60 semester credits of occupational and related general education courses.
- 2. Associate of Science (AS): Completion of at least 60 semester credits of occupational and related general educational courses.
- 3. Associate of Arts (AA): Completion of at least 65 semester credits of general education prior to transferring to a four-year college or university.
- 4. Associate of Technical Studies (ATS): Completion of at least 60 semester credits. Courses for this degree must be customized by a student and an advisor following the AA degree curriculum format.

Degrees Offered Associate of Applied Science (AAS), Associate of Science (AS), Associate of Arts (AA), Associate of Technical Studies (ATS):							
		Degree					
1.	Air Conditioning & Refrige	AAS					
2.	Agricultural Science (AG)	AAS & AS					
3.	Automotive Mechanic Tec	AAS					
4.	Business Accounting (BA	AS					
5.	Business Administration (BU)		AS			
6	Community & Public He	alth (CPH)	Community & Public Health (CPH)	AS			
0.	-	• •	Emergency Health Management (EHM)	AS			
7.	Construction Technology	(CT)		AAS			
8.	Criminal Justice (CJ)			AS			
		a. Early Childh	AS				
۵	EDUCATION (ED)	b. Elementary	AS				
9.	LDUCATION (LD)	c. Secondary	AS				
		d. Special Edu	AS				
10.	Electrical Technology (ET	·)		AAS			
11.	Environmental/Marine Sc	ence (ES)		AS			
	General Electronics Tech			AAS & AS			
13.	Information Technology (I	AS					
	Liberal Arts (LA)	AA					
	Library & Information Ser	AAS & AS					
	Nursing Career Ladder (N	AAS & AS					
	Office Administration (OA	AAS					
	Small Engine & Outboard	AAS					
	Palauan Studies (PS)	AAS					
20.	Stem Disciplines (SD)	AA					
			a. Food & Beverages (THFB)	AAS			
21	TOURISM & HOSPITAL		b. Hospitality Management (THHM)	AS			
21.			c. Hotel Operations (THHO)	AAS			
			d. Tour Services (THTS)	AAS & AS			



Application for Admissions

	and year you wish	to enroll (check one):	□Summer	□Fall	□	ISpring		
			(M).	3				
(LAST NAME)	(FIRST NAME)							
	ESENT MAILING ADDRESS: (P.O. Box City, State				WORK PHONE CELL PH			
PERMANENT MAILING ADDRESS: (ERMANENT MAILING ADDRESS: (if different from above) City, State Zip Code)				ADDRESS			
Date of Birth (Month/Day/Year)	9				□Male	□Female		
Marital Status: Single	□Married/Re	married Divorce	ed ⊡ Wid	owed				
Country of Citizenship (check of	, , ,	. ,		□Palau		(specify state)		
		_ChuukKosrae _	Pohnpei`	Yap Li Other:	·			
Applicant Status (check one):	□First Time	□Transfer						
Indicate college MAJOR(S): 1	^{s⊤} Choice:			2 nd Choice:				
Γ	Undeclared D	Dual Applicant	□Unclassified	(Non-Degree)	□Enrichm	ent (Audit)		
Have you previously applied to	or attended PCC	(MOC)?	o ⊡Yes (If yes, indicate last term/d	ate attended)			
		. ,						
Indicate below the name of hig	IT SCHOOL OF HIGH S	chool equivalent attend	iing/allended.					
HIGH SCHOOL NAME OR ITS EQIVALENT such a				MONTH/YEAR GRADUATED/WILL GRADUATE				
	List all colleges/universities that you attended in order of most recent atten				Dogroo Er	arnod/Data		
	Name of Institution (College/University)		Address		nded Degree Earned/Date j graduated			
ARENTAL/SPOUSE INFORMATION. If you are a dependent , provide information about your parents ; if you are an independent & married rovide information about your spouse .								
	•	e a dependent , provide	e information abo	out your parents ; if y	ou are an inde	pendent & married		
	spouse.			out your parents ; if y /Stepmother	ou are an inde	ependent & married		
provide information about your	spouse.				ou are an inde	ependent & married		
provide information about your a. Mark (X) on the appropriate bo	spouse.		b. Mother	/Stepmother	ou are an inde	pendent & married		
provide information about your a. Mark (X) on the appropriate bo Name:	spouse.		b. Mother Name:	/Stepmother		pendent & married		
provide information about your a. Mark (X) on the appropriate book Name: E-Mail Address:	spouse.		b. Mother Name: E-Mail Addres	/Stepmother	Cell #:	pendent & marriec		
provide information about your a. Mark (X) on the appropriate bo Name: E-Mail Address: Phone: Home	spouse.		b. Mother Name: E-Mail Addres Phone: Home	/Stepmother	Cell #:	pendent & married		
provide information about your a. Mark (X) on the appropriate bo Name: E-Mail Address: Phone: Home	spouse. DX: □Father/Ste Cell #: Work: ning disability? port service).	Yes (If you have	b. Mother Name: E-Mail Addres Phone: Home Mailing Addre	/Stepmother ss: ss:	Cell #: Work	·		
provide information about your a. Mark (X) on the appropriate book Name: E-Mail Address: Phone: Home Mailing Address: Do you have a physical or lear extension 229 for information and supplicate the person to notify in	spouse. DX: □Father/Ste Cell #: Work: Ning disability? port service). case of emergeno	epfather S pouse	b. Mother Name: E-Mail Addres Phone: Home Mailing Addre e a disability and in	/Stepmother ss: ss: need of assistance, please	Cell #: Work	n of Students at 488-247		
provide information about your a. Mark (X) on the appropriate book Name: E-Mail Address: Phone: Home Mailing Address: Do you have a physical or lear extension 229 for information and supplicate the person to notify in Name:	spouse. DX: □Father/Ste Cell #: Work: Ning disability? port service). case of emergence	ppfather □Spouse Yes (If you have ;y: Relationship:	b. Mother Name: E-Mail Addres Phone: Home Mailing Addre e a disability and in	/Stepmother SS: need of assistance, please Email:	Cell #: Work	n of Students at 488-247		
provide information about your a. Mark (X) on the appropriate book Name: E-Mail Address: Phone: Home Mailing Address: Do you have a physical or lear extension 229 for information and supplindicate the person to notify in Name: Phone (Home): CERTIFICATION:	spouse. DX: □Father/Ste Cell #: Work: ning disability? port service). case of emergeno	ppfather □Spouse Yes (If you have ;y: Relationship: Phone (Work): f my knowledge, the info	b. Mother Name: E-Mail Addres Phone: Home Mailing Addre e a disability and in	/Stepmother is: ss: need of assistance, please Email: Cell P	Cell #: Work e contact the Dear	n of Students at 488-247		



PALAU COMMUNITY COLLEGE Office of Admissions & Records P.O. Box 9 Koror, Republic of Palau 96940

TRANSCRIPT REQUEST FORM

INSTRUCTIONS: Complete this form and send it directly to the last school you attended. The school then shall send an official copy of your school transcript directly to PCC Admissions & Records Office.

To :	REGIST	RAR				
		Name of School la	ast Attended			
	Pleas	e send a c	opy of my acader	nic transcript showir	ng the following to the address indicated	l above.
	1. 2. 3. 4.	Date: withdre Cumulative C Official School Signature of s	ol Seal	ıraduating		
Name:	(Print)	Last,	First	M.I.	Social Security No:	
Mailina /	Address:				Date of Birth:	
					Birthplace:	
Student	s Signature	:			Date:	
	-					Rev. 02/2017
COLL	MUNITY EGE CTIONS:		s form and send it directly ons & Records Office.	TRANSCRIPT REC	QUEST FORM led. The school then shall send an official copy of your se	chool transcript directly to
To :	REGIST	RAR				
		Name of School la	ast Attended			
	Pleas 1. 2. 3. 4.		ew, graduated, or will be g 6.P.A. ol Seal	•	ng the following to the address indicated	above.
Name:	(Drint)	Last,	First	M.I.	Social Security No:	
Mailina	(Print)	,			Date of Birth:	
	านนเธออ				Birthplace:	
Student's	s Signature	:			Date:	Rev. 02/2017