

## Application for Admissions as a Declared Student

Last Name	First Name	
Student ID	Date of Birth	
Email	Phone	
Citizenship	Semester	
Status	Declaring	

I am applying for admission as a declared student in the following program:

Associate of Arts Degrees						
Culinary Arts		Education Pre-professional				
Education Bachelor Foundation	Liberal Studies					
Associate of Science Degrees						
	Criminal Justice – Forensic La	b	□Marketing			
Automotive – General Service Tech	Technician		Medical Assisting			
Automotive – Master Service Tech	Criminal Justice – Forensic Computer		□Office Technology			
□Civil Engineering Technology	Examiner		□ Pre-Architectural Drafting			
□Computer Networking	Early Childhood Education		□Supervision & Management			
Computer Science	Emergency Management		□Surveying Technology			
Criminal Justice – Administration of	Foodservice Management		Tourism & Travel Management			
Criminal Justice	□ Human Services		□Visual Communications			
Criminal Justice – Law Enforcement	International Hotel Management					
Administration						
Certificate Programs						
□ Automotive Service Tech General Service	e Technician	□Criminal .	lustice: Marine & Terrestrial			
$\Box$ Automotive Service Tech Master Service	Technician	Conservation Enforcement				
□Computer Aided Design & Drafting		Early Childhood Education				
Computer Science		Education				
□Construction Technology: Carpentry		Emergency Management				
□Construction Technology: Electricity		Environmental Technician				
Construction Technology: Heating Ventil	Family Services					
Conditioning (HVAC)		□ Fire Science Technology				
□Construction Technology h: Masonry		Medical Assisting				
Construction Technology: Plumbing			□ Medium/Heavy Truck Diesel Technology			
Construction Technology: Reinforced Metal Worker			□Office Technology			
□Construction Technology: Welding	□Sign Language Interpreting					
Criminal Justice: Law Enforcement	Supervision & Management					
		Surveying	g Technology			



## Application for Admissions as a Declared Student

Submission of official transcripts are required; diplomas will not be accepted.           Admissibility is met by the following:           High School Graduate           Name of High School:           Other Name (if applicable):           High School Equivalent (GED or HISet)           Completed either AA/AS/BA or BS degree*           Name of College or University:           Graduation Date:           Mame of College or University:           Name of College or University:           Coccregistrar@guamcc.edu           BARIGADA, GUAM 96921-0307	Admissions Eligibility					
Admissibility is met by the following:       Graduation Date:         Name of High School:       Graduation Date:         Other Name (If applicable):       Graduation Date:         High School Equivalent (GED or HiSet)       Graduation Date:         Completed either AA/AS/BA or BS degree*       Name of College or University:         Graduation Date:       Graduation Date:         Barned at least 45 semester hours with a cumulative GPA of 2.0 or higher*         Name of College or University:       Name of College or University:         Name of College or University:       Name of College or University:         Name of College or University:       Name of College or University:         Name of College or University:       Name of College or University:         Name of College or University:       Name of College or University:         Name of College or University:       Statistical for transfer credit review         Failure to provide transcripts will result in the denial of admissions, official transcripts can be mailed or emailed to:         GUMM COMMUNITY COLLEGE       ADMISSIONS & REGISTRATION OFFICE         P.O. BOX 23059 G.M.F.       Gcc. registrar@guamcc.edu         BARRIGADA, GUAM 96921-0307       I certify that the statements made in this form are true and correct. I understand that any false information found to have been willfully given by me herein or in any supporting document may be cause for refusing to admit me to or my immed						
Name of High School:						
Other Name (If applicable):	High School Graduate					
High School Equivalent (GED or HISet)         Completed either AA/AS/BA or BS degree*         Name of College or University:         Graduation Date:         Graduation Date:         Barned at least 45 semester hours with a cumulative GPA of 2.0 or higher*         Name of College or University:         * The Evoluation Request Form must be submitted for transfer credit review         Falure to provide transcripts will result in the denial of admissions, official transcripts can be mailed or emailed to:         GUAM COMMUNITY COLLEGE         P.O. BOX 23069 G.M.F.         Gect.registrar@guamcc.edu         BARRIGADA, GUAM 96921-0307         I certify that the statements made in this form are true and correct. I understand that any false information found to have been willfully given by me herein or in any supporting document may be cause for refusing to admit me to or my immediate dismissal from Guam Community College.         Student Signature:	Name of High School:Graduation Date:					
Completed either AA/AS/BA or BS degree*         Name of College or University:         Graduation Date:         Earned at least 45 semester hours with a cumulative GPA of 2.0 or higher*         Name of College or University:         *The Evaluation Request Form must be submitted for transfer credit review         Failure to provide transcripts will result in the denial of admissions, official transcripts can be mailed or emailed to:         GUAM COMMUNITY COLLEGE         ADMISSIONS & REGISTRATION OFFICE         P.O. BX 23069 G.M.F.         Gec.registrar@guamcc.edu         BARRIGADA, GUAM 96921-0307         I certify that the statements made in this form are true and correct. I understand that any false information found to have been willfully given by me herein or in any supporting document may be cause for refusing to admit me to or my immediate dismissial from Guam Community College.         Student Signature:       Date:         Admissibility has been determined via the following:         High School transcripts       High School Equivalency transcripts         Gololege/University transcripts <t< td=""><td>Other Name (If applicable):</td></t<>	Other Name (If applicable):					
Name of College or University:	□High School Equivalent (GED or HiSet)					
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<ul> <li>□ High School transcripts</li> <li>□ High School Equivalency transcripts</li> <li>□ College/University transcripts</li> <li>Admissions Decision: □ Accepted □ Denied</li> </ul>						
□College/University transcripts Admissions Decision: □Accepted □Denied	High School transcripts					
Admissions Decision: Accepted Denied	High School Equivalency transcripts					
	□College/University transcripts					
Reason for Denial:	Admissions Decision:					