



Application for Admissions as a Declared Student

Last Name _____ **First Name** _____

Student ID _____ **Date of Birth** _____

Email _____ **Phone** _____

Citizenship Status _____ **Note:** Foreign students must apply for an I-20 status

Is this your first time attending GCC at the college level? Yes No

If No, when was the last semester you attended GCC? _____

Have you ever attended a college or university? Yes No

If Yes, list the names of the schools:

- | | |
|----------|--|
| 1. _____ | Credits Earned? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. _____ | Credits Earned? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. _____ | Credits Earned? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Are you applying for financial assistance from the college? Yes No

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

Associate of Arts in

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Education | <input type="checkbox"/> Liberal Studies |
|--|------------------------------------|--|

Associates of Science in

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Early Childhood Ed | <input type="checkbox"/> Office Technology |
| <input type="checkbox"/> Automotive Service Tech – Gen | <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Pre-Architectural Drafting |
| <input type="checkbox"/> Automotive Service Tech - Master | <input type="checkbox"/> Food & Beverage Mgmt | <input type="checkbox"/> Supervision & Mgmt |
| <input type="checkbox"/> Civil Engineering Tech | <input type="checkbox"/> Human Services | <input type="checkbox"/> Surveying Technology |
| <input type="checkbox"/> Computer Networking | <input type="checkbox"/> International Hotel Mgmt | <input type="checkbox"/> Tourism & Travel Management |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Marketing | <input type="checkbox"/> Visual Communications |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Medical Assisting | |

Certificate in

- | | |
|---|--|
| <input type="checkbox"/> Automotive Service Technology | <input type="checkbox"/> Environmental Technician |
| <input type="checkbox"/> Computer Aided Design & Drafting | <input type="checkbox"/> Family Services |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Fire Science Technology |
| <input type="checkbox"/> Construction Technology | <input type="checkbox"/> Medical Assisting |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Med/Heavy Truck Diesel Technology |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Office Technology |
| <input type="checkbox"/> Education | <input type="checkbox"/> Practical Nursing |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Sign Language Interpreting |
| <input type="checkbox"/> Supervision & Management | |
| <input type="checkbox"/> Surveying Technology | |



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Admissions Eligibility

Official transcripts are required from all schools listed, diplomas will not be accepted.

High School Graduate

Name of High School: _____ Graduation Date: _____

Other Name (If applicable): _____

High School Equivalent (GED)

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*

**The Evaluation Request Form must be submitted for transfer credit review*

Failure to provide transcripts will result in the denial of admissions, transcripts can be mailed to:

GUAM COMMUNITY COLLEGE
ADMISSIONS & REGISTRATION OFFICE
P.O. BOX 23069 G.M.F. 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: _____ **Date:** _____

Admissions & Registration Use Only:

Admissibility has been determined via the following:

HS transcripts/GED test score College/University transcripts

Admissions Decision: Accepted Denied

Reason for Denial: _____

Processed By: _____ Date: _____