



Application for Admissions as a Declared Student

Last Name _____ **First Name** _____

Student ID _____ **Date of Birth** _____

Email _____ **Phone** _____

Citizenship _____ **Semester** _____

Status _____ **Declaring** _____

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

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

- Culinary Arts Education Bachelor Foundation Education Pre-professional Liberal Studies

Associates of Science

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Criminal Justice – Forensic Lab Technician | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Automotive – General Service Tech | <input type="checkbox"/> Criminal Justice – Forensic Computer Examiner | <input type="checkbox"/> Medical Assisting |
| <input type="checkbox"/> Automotive – Master Service Tech | <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Office Technology |
| <input type="checkbox"/> Civil Engineering Technology | <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Pre-Architectural Drafting |
| <input type="checkbox"/> Computer Networking | <input type="checkbox"/> Foodservice Management | <input type="checkbox"/> Supervision & Management |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Human Services | <input type="checkbox"/> Surveying Technology |
| <input type="checkbox"/> Criminal Justice – Administration of Criminal Justice | <input type="checkbox"/> International Hotel Management | <input type="checkbox"/> Tourism & Travel Management |
| <input type="checkbox"/> Criminal Justice – Law Enforcement Administration | | <input type="checkbox"/> Visual Communications |

Certificate

- | | | |
|---|---|---|
| <input type="checkbox"/> Automotive Service Tech General Service Technician | <input type="checkbox"/> Construction Tech: Masonry | <input type="checkbox"/> Emergency Management |
| <input type="checkbox"/> Automotive Service Tech Master Service Technician | <input type="checkbox"/> Construction Tech: Plumbing | <input type="checkbox"/> Environmental Technician |
| <input type="checkbox"/> Computer Aided Design & Drafting | <input type="checkbox"/> Construction Tech: Reinforced Metal Worker | <input type="checkbox"/> Family Services |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Construction Tech: Welding | <input type="checkbox"/> Fire Science Technology |
| <input type="checkbox"/> Construction Tech: Carpentry | <input type="checkbox"/> Criminal Justice Law Enforcement | <input type="checkbox"/> Medical Assisting |
| <input type="checkbox"/> Construction Tech: Electricity | <input type="checkbox"/> Criminal Justice Marine & Terrestrial Conservation Enforcement | <input type="checkbox"/> Medium/Heavy Truck Diesel Technology |
| <input type="checkbox"/> Construction Tech: Heating Ventilation Air-Conditioning (HVAC) | <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Office Technology |
| <input type="checkbox"/> Supervision & Management | <input type="checkbox"/> Education | <input type="checkbox"/> Practical Nursing |
| <input type="checkbox"/> Surveying Technology | | <input type="checkbox"/> Sign Language Interpreting |



Application for Admissions as a Declared Student

Admissions Eligibility

Submission of official transcripts are required; diplomas will not be accepted.

Admissibility is met by the following:

High School Graduate

Name of High School: _____

Graduation Date: _____

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: _____

Earned 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: _____

**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.
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: _____ **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: _____