

Received by:	on
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APPLICATION FOR ADMISSIONS AS AN ADULT HIGH SCHOOL DIPLOMA STUDENT

LEGAL NAME:			STUDENT ID NUMBER:
LAST	FIRST	MI	(i.e. SSN, DRIVER'S LIC)
			DATE OF BIRTH: Month/ Day/ Year
If you ha	ave used another name (maiden/other), please list h	iere	Month/ Day/ Year
GUAM MAILING ADDRESS:			GENDER: []MALE []FEMALE
			TELEPHONE NUMBER:
Is this your first time attending GCC	!? []Yes []No		CITIZENSHIP STATUS:
If NO, when was the last semester ye	ou attended GCC?		
11 0	edits from the following high		MA STUDENT. I am not a high school
Please complete a TRANSO former high school(s).	CRIPT REQUEST FORM; G	CC <u>must</u> recei	ive OFFICIAL TRANSCRIPT(S) from your
becomes the pro	2 0	l not be copied	dent or school during the admission process d for the student's own use, returned to the dent to any other institution.
COUNCELODIC MAME.			
COUNSELOR'S NAME: _	Please print clearl	 lv	
	Tionse bring cran-	J	
COUNSELOR'S SIGNAT	URE:		DATE:
STUDENT'S SIGNATUR	E:		DATE:
Transcripts have been rec	eived from the following scho	ool(s)	
Remarks:			
DECICTRAR/DESIGNEES	S SIGNATURE:		DATE:
MEGISTIVAM DESIGNATION) SIGNATURE		