PROGRAM ELECTIVE REQUEST FORM

GCC GUAM COMMUNITY COLLEGE
Kulehon Kumunidåt Guåhan

TERM: _____

NAME: _____

GCC ID#: _____

Program: _____

(Primary Program only - i.e. AS in Automotive Service Technology)

Catalog Yr: _____

(i.e. 2008-2010)

ELECTIVES ARE APPROVED BY THE STUDENT'S ASSIGNED ACADEMIC ADVISOR OR THE DEPARTMENT CHAIRPERSON, DEPENDING ON THE APPROVED PROGRAM CURRICULUM. REFER TO YOUR CATALOG FOR DETAILS.

Course: _____   **Credits:** _____

(i.e. ME151A)

Course: _____   **Credits:** _____

(i.e. ME151A)

Course: _____   **Credits:** _____

(i.e. ME151A)

TOTAL: _____

Comments: _____

_____

_____

_____

Student Signature: _____   **Date:** _____

RECOMMENDATION (Signature indicates APPROVAL):

Print Name & Sign: _____   **Date:** _____

Advisor / Department Chair *(please circle one)*

REGISTRAR'S REVIEW:

☐ **APPROVED FOR PROCESSING:**   ☐ **RETURNED TO REQUESTOR :**

Registrar Signature: _____   **Date:** _____

Notes: