



Received by \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR RE-ENTRY

GUAM COMMUNITY COLLEGE  
ADMISSIONS AND REGISTRATION OFFICE  
PO BOX 23069  
GMF, GUAM 96921-0307

**Declared students who do not enroll for two consecutive regular (Fall & Spring) semesters (stop-outs) and students dismissed from the college as a Declared Student must complete and submit this application to the Admissions & Registration Office. Students must meet with their Advisor prior to the submission of this application.**

Semester of Re-Entry: \_\_\_\_\_ Semester/Year Last Attended: \_\_\_\_\_ Student Status: [ ]Stop-out [ ]Dismissed

LEGAL NAME: \_\_\_\_\_ STUDENT ID NUMBER: \_\_\_\_\_  
Last First MI (i.e. SSN/ Driver's License)

\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
If you have used another name (maiden/other), please list here Month/ Day/ Year

Guam Mailing Address: \_\_\_\_\_ Telephone Number (s) \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Last Declared Degree/Major: \_\_\_\_\_  
( ex. AS in Accounting or Certificate in Computer Science)

I wish to pursue the following Degree/Major: \_\_\_\_\_  
( ex. AS in Accounting or Certificate in Computer Science)

ADVISOR'S NAME: \_\_\_\_\_  
(Please Print Clearly)

ADVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: Students who are re-entering the College must meet the requirements of the catalog in effect at the time of re-entry.**

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ACTION TAKEN ON THIS APPLICATION  
( ) ACCEPTED on \_\_\_\_\_ Effective: \_\_\_\_\_  
MM/DD/YY SEMESTER/YEAR  
( ) DENIED on \_\_\_\_\_ Comment(s): \_\_\_\_\_  
MM/DD/YY  
REGISTRAR'S SIGNATURE: \_\_\_\_\_