

## Application for Admissions as a Declared Student

Last Name	First Name	
Student ID	Date of Birth	
Email	Phone Semester Declaring	
I am applying for admission as a declared	student in the following program:	
	Associate of Arts Degree	
Culinary Arts	☐ Education	☐ Liberal Studies
□ A accounting	Associate of Science Deg	
☐ Accounting ☐ Automotive Service Tech – General	Administration	ement □ Marketing □ Medical Assisting
Service Technician	☐ Criminal Justice – Forensic Lab	
□ Automotive Service Tech – Master	Technician	☐ Practical Nursing
Service Technician	☐ Criminal Justice – Forensic Co	S S
☐ Civil Engineering Technology	Examiner	Supervision & Management
☐ Computer Networking	☐ Early Childhood Education	□Surveying Technology
□ Computer Science	☐ Foodservice Management	☐Tourism & Travel Management
□Criminal Justice – Administration of	☐ Human Services	□Visual Communications
Criminal Justice	☐ International Hotel Managem	
	Certificate Programs	
☐ Automotive Service Tech General Serv	ice Technician	☐ Criminal Justice: Marine & Terrestrial
☐ Automotive Service Tech Master Service Technician		Conservation Enforcement
☐Computer Aided Design & Drafting	I	$\square$ Early Childhood Education
☐ Computer Science	I	☐ Education
☐ Construction Technology: Carpentry	I	☐ Environmental Technician
☐ Construction Technology: Electricity		☐ Family Services
$\square$ Construction Technology: Heating Ven		☐ Fire Science Technology
Conditioning (HVAC)		☐ Medical Assisting
Construction Technology: Masonry		☐ Medium/Heavy Truck Diesel Technology
Construction Technology: Plumbing		□ Office Technology
Construction Technology: Reinforcing		☐ Sign Language Interpreting
Construction Technology: Welding		☐ Supervision & Management
☐ Criminal Justice: Law Enforcement	l	□Surveying Technology
	Admissions Eligibility	У
Submission of offic	ial transcripts are required; c	liplomas 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 HiS	et)	



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☐ 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*
Transcripts will be received from:
Name of College or University:
Failure to provide all transcripts will result in the denial of admissions, official transcripts can be mailed or emailed 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 into a program has been determined via the following:
☐ High School transcripts
☐ High School Equivalency transcripts
☐ College/University transcripts
Admissions Decision: $\square$ Accepted $\square$ Denied
Reason for Denial: