



Application for Admission

Personal Information

Legal Name: _____

Last

First

Middle

*SSN/TIN: _____ Date of Birth: _____ Sex: Male Female

Month/Day/Year

Mailing Address: _____

PO Box or Home Delivery Address

City

State

Zip Code

Home Address: _____

Street Name, House or Apt

City

State

Zip Code

Phone: _____ Email Address: _____

Emergency Contact Information (Mandatory)

Name: _____ Relationship: _____

Contact Number: _____ Alternate Number: _____

Please complete the following questions

- Military Status (Choose One): Active Duty Reserve Veteran Not Applicable
- Marital Status (Choose One): Single Single Parent Married Divorced Separated
- Are you receiving public assistance? Yes No
- Do you require accommodations? Yes No
- Are you a displaced homemaker? Yes No
- Is English the primary language spoken at home? Yes No

If no, what is the primary language spoken? _____

Ethnic Origin

- | | | |
|-----------------------------------------------------------|---------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Japanese | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Korean | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Kosrean | |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Palauan | |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Ponapean | |

Citizenship Status

- | | | |
|---------------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> US Citizen | <input type="checkbox"/> 1-20/Foreign Student/F-1 Visa | <input type="checkbox"/> Marshallese Citizen |
| <input type="checkbox"/> CNMI Citizen | <input type="checkbox"/> Other Non-Immigrant Alien | <input type="checkbox"/> Palauan Citizen |
| <input type="checkbox"/> Permanent Resident Alien | <input type="checkbox"/> FSM Citizen | |



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Residency

I AM A LEGAL RESIDENT OF (your legal residence is your voting residence): _____
State/Territory/Country

School Information – Please list the high school you graduated from or last attended

Name of School: _____

Year Graduated: _____

Highest Level of Education Completed (Please Check One)

- | | | |
|--------------------------------------------------|------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Some College | <input type="checkbox"/> 4 Year College |
| <input type="checkbox"/> High School Equivalency | <input type="checkbox"/> Technical/Certificate | <input type="checkbox"/> Graduate/Professional |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> AA/AS Degree | |

Student Type

- Did at least one of your parents graduate from a 4-year college? Yes No
- First Time College Student – this is your first time attending any type of college
- Returning GCC Student - you have attended GCC in the past and have taken college classes
- Transfer Student – you have attended college before, but not at GCC

I certify that the statements made in this Student Information 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 denial of admissions or immediate dismissal from Guam Community College.

Signature: _____ Date: _____