



Application for Admission

Academic Year 2020-2021

PERSONAL INFORMATION

Legal Name: _____
Last First Middle

*SSN / TIN: _____ Date of Birth: _____
Month / Day / Year

Legal Gender: Male Female

Gender Designation (Optional): Transgender Man Transgender Woman Genderfluid / Genderqueer

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)

Contact 1

Name: _____ Relationship: _____

Contact Number: _____ Alternate Number: _____

Contact 2

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
- Is English the primary language spoken at home? Yes No*

*If NO, what is the primary language spoken? _____

Ethnic Origin

- American Indian or Alaska Native
- Black or African American
- Chamorro
- Chinese
- Chuukese
- Filipino
- Hispanic or Latino
- Japanese
- Korean
- Kosrean
- Palauan
- Ponapean
- Vietnamese
- White, Non-Hispanic
- Yapese
- Other: _____

Citizenship Status

- US Citizen
- CNMI Citizen
- Permanent Resident Alien
- 1-20 / Foreign Student / F-1 Visa
- Other Non-Immigrant Alien
- FSM Citizen
- Marshallese Citizen
- Palauan Citizen

Residency

I am a legal resident of (Your legal residence is your voting residence): _____
State / Territory / Country

SCHOOL INFORMATION

High school 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
-

PROGRAM INFORMATION:

I am applying for admission as a declared student in the following program:

A. UNDECLARED

- Undeclared (Please be advised that Undeclared Students are NOT ELIGIBLE to utilize Federal Financial Aid and do not require the submission of high school or college transcripts unless a program of study is to be declared).

DECLARED

The following programs will require you to submit one of the following documents. Please note ONLY OFFICIAL COPIES will be accepted. Diplomas are not considered official documents.

Proof of High School Graduation or Equivalent. Submit an OFFICIAL TRANSCRIPT from an accredited and Department of Education recognized high school, or acceptable evidence of comparable academic achievement; e.g., satisfactory score on General Educational Development (GED[®]) or HiSET[®] tests.

Official College transcript(s) with either the conferral of an AA / AS / BA / BS or at least 45 successfully completed postsecondary credit hours.

B. Bachelor of Science Degree

- Career and Technical Education (Additional documentation is required for admission into this program)

C. Associate of Arts Degree

- Culinary Arts
- Education
- Liberal Studies - Liberal Studies
- Liberal Studies - Business
- Liberal Studies – Health & Science
- Liberal Studies – CHamoru Education & Culture

D. Associate of Science Degrees

- Accounting
- Automotive Service Tech – General Service Technician
- Automotive Service Tech – Master Service Technician
- Civil Engineering Technology
- Computer Networking
- Computer Science
- Computer Science 2+2 UOG Transfer Track
- Criminal Justice – Administration of Criminal Justice
- Criminal Justice – Law Enforcement Administration
- Criminal Justice – Forensic Lab Technician
- Criminal Justice – Forensic Computer Examiner
- Early Childhood Education
- Foodservice Management
- Human Services
- International Hotel Management
- Marketing
- Medical Assisting
- Office Technology
- Practical Nursing
- Pre-Architectural Drafting
- Supervision & Management
- Surveying Technology
- Tourism & Travel Management
- Visual Communications

E. Certificate Programs

- Automotive Service Tech:
General Service Technician
- Automotive Service Tech:
Master Service Technician
- Automotive Service Tech:
Hybrid Electric Vehicle Technician
- Computer Aided Design & Drafting
- Computer Science
- Construction Technology: Carpentry
- Construction Technology: Electricity
- Construction Technology:
Heating Ventilation Air-Conditioning (HVAC)
- Construction Technology: Masonry
- Construction Technology: Plumbing
- Construction Technology: Reinforcing Metal Worker
- Construction Technology: Welding
- Criminal Justice:
Law Enforcement Administration
- Criminal Justice:
Marine & Terrestrial Conservation Enforcement
- Early Childhood Education
- Early Childhood Education
Child Development Associate (CDA) Track
- Education
- Environmental Technician
- Family Services
- Medical Assisting
- Medium/Heavy Truck Diesel Technology
- Office Technology
- Sign Language Interpreting
- Supervision & Management
- Surveying Technology

PROGRAM DECLARATION ELIGIBILITY

Submission of official transcripts are required; diplomas will not be accepted.

My request to declare into a program of study is met by the following:

High School Graduate

Name of High School: _____ Graduation Date: _____

Maiden Name (If applicable): _____

High School Equivalent (GED® or HiSet®)

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: _____

Name of College or University: _____

Name of College or University: _____

Failure to provide all transcripts will result in the denial of admissions into a program of study.
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**

gcc.registrar@guamcc.edu

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 denial of admissions or 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: **Accepted** **Denied***

*Reason for Denial: _____



Guam Community College
Photo Release Agreement
ELECTRONIC FORM

At various times during the semester, GCC employees and a variety of media outlets request permission to interview, video record and photograph Students and those involved in GCC Programs and Events. These materials are used only for Guam Community College electronic and print promotions and publications.

To be completed and signed by the *student or his/her guardian.*

I, (Full Name Print) _____, grant permission to Guam Community College and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Guam Community College and its legal representatives for all claims and liability relating to said images. Furthermore, I grant permission to use my statements that were given during an interview or lecture with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

I acknowledge that I am:

Over the age of 18

The Legal Guardian of (Child's Name)

Date

Print Name

Electronic Signature

Contact Number

8.27.20

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