



# Application for Admissions Adult Education

## Personal Information

Legal Name: \_\_\_\_\_

Last

First

Middle

\*SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Month/Day/Year

Legal Gender: ☐ Male ☐ Female ☐ Transgender ☐ 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)

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

☐ Hispanic or Latino

☐ Black or African American

☐ Asian

☐ Native Hawaiian or Other Pacific  
Islander

☐ Two or more races

☐ White, Non-Hispanic

☐ 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



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## Residency

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

## Enrollment Status

- ☐ First Time Adult Education Student ☐ Returning Adult Education Student  
☐ Continuing Adult Education Student

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

Name of School: \_\_\_\_\_

## Program Information:

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

- ☐ Adult High School Diploma Program  
☐ High School Equivalency  
☐ English-As-A-Second Language

## Transcripts will be received from:

Name of High School: \_\_\_\_\_

## Attainable Goals (Please Check all that applies)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Enter College or Training     | <input type="checkbox"/> Improve Basic Skills   | <input type="checkbox"/> Personal Goal |
| <input type="checkbox"/> High School Diploma           | <input type="checkbox"/> Improve English Skills | <input type="checkbox"/> Get a Job     |
| <input type="checkbox"/> GED (High School Equivalency) | <input type="checkbox"/> Military               | <input type="checkbox"/> Retain a Job  |
| <input type="checkbox"/> Update/Upgrade Job Skills     |   |  |

## How Did You Learn About GCC? (Please Check all that applies)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> GCC Catalog           | <input type="checkbox"/> Family/Friends     | <input type="checkbox"/> Village Mayor         |
| <input type="checkbox"/> GCC Employee          | <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Radio/Newspaper/TV Ad |
| <input type="checkbox"/> GCC Counselor/Advisor | <input type="checkbox"/> Job Fair           | <input type="checkbox"/> Employer              |
| <input type="checkbox"/> GCC Website           | <input type="checkbox"/> Walk In            |  |



## Application for Admissions Adult Education

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:** \_\_\_\_\_

Adult Education Office Use Only:

Admissibility into a program has been determined via the following:

☐ High School transcripts

Admissions Decision: ☐ Accepted ☐ Denied

Reason for Denial: \_\_\_\_\_