



Project AIM UPDATE FORM SPRING 2020

Have you completed your A.A. / A.S. degree in the previous academic year? Yes No

If no, please complete this form. If yes, please inform PAIM staff/tutor. You are no longer eligible to receive services.

STUDENT INFORMATION			
GCC STUDENT ID NUMBER: B00#			
NAME (FIRST)	(MIDDLE)	(LAST)	
MAILING ADDRESS			
STREET ADDRESS			
CONTACT INFORMATION			
Home:	Cell:	Work:	Email:
MILITARY VETERAN STATUS: <input type="checkbox"/> No <input type="checkbox"/> Yes (If selected "Yes", which branch of service? _____)			
MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
(Check if applicable) <input type="checkbox"/> I recently have a change in name: _____ Former Name			
PARTICIPANT STATUS: <input type="checkbox"/> Continuing (Attended last term) <input type="checkbox"/> Re-entering (Did not attend for 1 or more years)			
Last Term Enrolled: _____ (Semester/Year)		Term Accepted into Project Aim: _____ (Semester/Year)	
EXPECTED GRADUATION DATE: ___ Spring 2020 ___ Fall 2020 ___ Spring 2021 ___ Fall 2021			
CREDITS EARNED TO DATE: _____			
I am majoring in the following educational program(s): _____			
I am planning to graduate from GCC and transfer to the following 4-year institution: _____			
ASSISTANCE NEEDED: Check all that apply:			
<input type="checkbox"/> Academic Advising	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Workshops	
<input type="checkbox"/> Mentorship Program	<input type="checkbox"/> Transferring	<input type="checkbox"/> Cultural Enrichment	

Please continue to the backside of this form



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STUDENT CONSENT FORM

I, _____, give my consent to Project AIM, TRIO-Student Support Services (SSS) Program staff members to disclose information from my TRIO-SSS Program file or obtain information from my Guam Community College student file for the following express purposes:

INITIAL

- _____ (a) obtaining information from the Financial Aid office to determine TRIO-SSS Program eligibility
- _____ (b) obtaining information from Admissions, Enrollment, Registrar and Academic Affairs to determine TRIO-SSS Program eligibility and academic status
- _____ (c) obtaining information from my academic advisor or any course instructors to determine academic status and aid Project AIM’s counselor in monitoring my progress on a semester basis
- _____ (d) obtaining information from the Accommodative Services Office and/or the Assessment & Counseling Department to coordinate services for a successful college experience
- _____ (e) obtaining information, upon my transition into GCC or beyond attendance of GCC, from other federal programs and/or service (e.g., College Access Challenge Grant Program, UOG’s TRIO-SSS Program, etc.) to determine TRIO-SSS Program eligibility and to track future educational pursuits.

I understand that this information will be disclosed only for the purposes noted above, and that the information released will be limited to the following items:

- _____ (1) participation in Project AIM, TRIO-SSS Program
- _____ (2) completion of individualized academic plan goals
- _____ (3) adherence with recommendations, including attendance at advisement sessions and submission of progress reports

I am committed to adhere to the current Project AIM, TRIO-SSS Program requirements as outlined in my handbook:

I agree I disagree

I am aware that the information I give to Project AIM, TRIO-SSS Program is available to the U.S. Department of Education (the funding agency for Project AIM, TRIO-SSS Program) in accordance with grant funding regulations. The information is protected by the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA.) No one may see the information unless he/she works with or for the Project AIM, TRIO-SSS Program.

I would also like to participate in Project AIM, TRIO-SSS Program’s free workshops, activities and other services. I agree to allow the Project AIM, TRIO-SSS Program’s staff to include my name and/or picture in publications, including their website. These publications highlight student accomplishments and participation in the Project AIM, TRIO-SSS Program.

I have read this form, had its contents explained to me and understood its contents. I understand that this consent will remain in effect throughout my continuous enrollment at the Guam Community College, unless I indicate otherwise in writing.

Student Signature: _____ Date: _____

FT Staff Signature: _____ Date: _____