



# Admissions Form

## AY2026-2027

☐ Fall \_\_\_\_\_ ☐ Spring \_\_\_\_\_ ☐ Summer \_\_\_\_\_

### PERSONAL INFORMATION

Legal Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
PO Box or Home Delivery Address City State Zip Code

Home Address: \_\_\_\_\_  
Street Name, House or Apt City State Zip Code

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \*SSN/TIN: \_\_\_\_\_  
Month/Day/Year

Citizenship: ☐ U.S Citizen ☐ Non-Citizen

Legal Gender: ☐ Male ☐ Female

To which gender identity do you most identify (gender designation)? ☐ Transgender Female ☐ Transgender Male ☐ Gender fluid/Genderqueer

Marital Status: ☐ Single ☐ Single Parent ☐ Married ☐ Divorced ☐ Separated

#### Residence

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Resident                             | <input type="checkbox"/> CNMI Citizen       | <input type="checkbox"/> Permanent Resident Alien |
| <input type="checkbox"/> Military Personnel                   | <input type="checkbox"/> Military Dependent | <input type="checkbox"/> FSM Citizen              |
| <input type="checkbox"/> International Foreign Student – I-20 | <input type="checkbox"/> Veteran            |   |

#### Residency

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

Ethnic Origin: Are you Hispanic or Latino? ☐ YES ☐ NO – If no, choose one ethnic origin below.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Chamorro                 |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Chuukese                  | <input type="checkbox"/> Filipino                 |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Korean                    | <input type="checkbox"/> Kosraean                 |
| <input type="checkbox"/> Palauan                          | <input type="checkbox"/> Pohnpeian                 | <input type="checkbox"/> Vietnamese               |
| <input type="checkbox"/> White                            | <input type="checkbox"/> Yapese                    | <input type="checkbox"/> Marshallese              |
| <input type="checkbox"/> Thai                             | <input type="checkbox"/> Other: _____              | <input type="checkbox"/> Two or more races: _____ |

Personal Email Address: \_\_\_\_\_

#### Emergency Contact Information (Mandatory)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

### Student Type

- ☐ 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.

What is the name of the previous college or university you attended? \_\_\_\_\_

- ☐ Adult Education --- / ☐ Adult High School Diploma / ☐ High School Equivalency GED / ☐ English As-A-Second Language
- ☐ Apprenticeship Student
- ☐ Boot Camp Student
- ☐ Youthbuild Student
- ☐ DEAL / High School Student
- ☐ DCAPS

### PROGRAM INFORMATION:

I am applying for admission as a student in the following program (Please refer to the latest catalog for program information found on the GCC website):

- ☐ Undeclared - Please be advised that Undeclared students are *NOT ELIGIBLE* for Federal Financial Aid and do not require the submission of high school or college transcripts unless a program of study is declared.
- ☐ Certificate \_\_\_\_\_
- ☐ Associate of Arts/Science \_\_\_\_\_
- ☐ Bachelor of Science Degree

Please note that students who indicate their program of study are **REQUIRED** to provide the following supporting documents to pursue a Certificate, AA/AS Degree, or BS Degree. These supporting documents include one of the following:

- 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 HI SET® tests. Copies of diplomas will not be accepted.
- Official College transcript(s) with either the conferral of an AA/AS/BA/BS or at least 45 successfully completed post-secondary credit hours with a 2.00 or higher cumulative gpa.
- Students must be at least 16 years of age or older and have the ability to benefit from the education or training offered at the Guam Community College. Students admitted on the basis of ability to benefit from the education or training offered must pass a U.D. Department of Education-approved test prior to enrollment at the college.

### Highest Level of Education Completed (Please Check One)

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

### School Information

☐ High School Graduate

Name of High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Other/Maiden Name (If applicable): \_\_\_\_\_

☐ High School Equivalent (GED or Hi Set) \_\_\_\_\_

☐ 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\*

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:

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ADMISSIONS & REGISTRATION OFFICE

P.O. BOX 23069 G.M.F.

BARRIGADA, GUAM 96921-0307 [gcc.registrar@guamcc.edu](mailto:gcc.registrar@guamcc.edu)

Do you require accommodations? ☐ Yes \_\_\_\_\_ ☐ No

Is English the primary language spoken at home? ☐ Yes ☐ No \_\_\_\_\_

Language you speak at home				Language spoken to you			
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Ilocano	<input type="checkbox"/> Multiple	<input type="checkbox"/> Spanish	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Ilocano	<input type="checkbox"/> Multiple	<input type="checkbox"/> Spanish
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Languages	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Languages	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Chuukese	<input type="checkbox"/> Korean	<input type="checkbox"/> Other	<input type="checkbox"/> Visayan	<input type="checkbox"/> Chuukese	<input type="checkbox"/> Korean	<input type="checkbox"/> Other	<input type="checkbox"/> Visayan
<input type="checkbox"/> English	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Palauan	<input type="checkbox"/> Yapese	<input type="checkbox"/> English	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Palauan	<input type="checkbox"/> Yapese
	<input type="checkbox"/> Ponapeian				<input type="checkbox"/> Ponapeian		

### Public Assistance Program

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Agency for Human Resources Dev | <input type="checkbox"/> Receiving Public Assistance | <input type="checkbox"/> GHURA Public Housing     |
| <input type="checkbox"/> Public Health Block Grant      | <input type="checkbox"/> GHURA - GMA Trankilidat     | <input type="checkbox"/> GHURA Housing Assistance |
| <input type="checkbox"/> Public Health Food Stamp       | <input type="checkbox"/> Homeless                    | <input type="checkbox"/> Public Welfare           |
| <input type="checkbox"/> GHURA Family Self Sufficient   | <input type="checkbox"/> Medicaid                    | <input type="checkbox"/> Women, Infant & Children |
| <input type="checkbox"/> DPHSS Food Stamp Welfare       | <input type="checkbox"/> Medicare                    |   |

### Work Status:

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Employed Full Time   | <input type="checkbox"/> Incarcerated    | <input type="checkbox"/> Retired      |
| <input type="checkbox"/> Employed Part Time   | <input type="checkbox"/> Non-Supervisory | <input type="checkbox"/> TANF         |
| <input type="checkbox"/> Dislocated Worker    | <input type="checkbox"/> Unemployed      | <input type="checkbox"/> WIOA IB      |
| <input type="checkbox"/> Displaced Home Maker | <input type="checkbox"/> Rehabilitation  | <input type="checkbox"/> Other: _____ |

### How Did You Learn About GCC?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> GCC Catalog             | <input type="checkbox"/> Recruitment Event          | <input type="checkbox"/> Employer  |
| <input type="checkbox"/> GCC Employee            | <input type="checkbox"/> Job Fair                   | <input type="checkbox"/> TV / Radio Ad   |
| <input type="checkbox"/> GCC Counselor / Advisor | <input type="checkbox"/> Newspaper Ad               | <input type="checkbox"/> Mayor's Office  |
| <input type="checkbox"/> GCC Website             | <input type="checkbox"/> School Counselor / Advisor | <input type="checkbox"/> Social Media (Facebook, WhatsApp, Instagram, Twitter, etc.) |
| <input type="checkbox"/> Family / Friends        | <input type="checkbox"/> Walk-In                    |  |

Did at least one of your parents graduate from a 4-year college? ☐ Yes ☐ No

### ATTAINABLE GOALS (Please check all that applies)

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



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PLEASE READ ALL INFORMATION BELOW AND INITIAL

\_\_\_\_\_ Drug and Alcohol Prevention - The Guam Community College recognizes the substantial impact that drugs and alcohol can have on every aspect of a person's life. In compliance with federal requirements, the Guam Community College is providing you with information regarding GCC's drug and alcohol policies as well as resources for the prevention of drug and alcohol abuse. GCC is committed to ensuring a healthy learning environment for our college community. To meet federal mandates, GCC will collect data on the access of the Drug and Alcohol Prevention disclosure by the GCC community. Access the link to read the full disclosure: [AY 2025-2026 Annual Drug and Alcohol Abuse Disclosure](#)

\_\_\_\_\_ I authorize Guam Community College to use my image, video, and/or voice to help promote GCC in print, web, radio, video, presentation, and other media.

\_\_\_\_\_ I understand that the information being released may include, but is not limited to, directory information and non-directory information, as identified under the Family Educational Rights and Privacy Act (FERPA), within my student record. I hereby authorize Guam Community College to release this information to the third party I have listed below. (*The Authorization to Release Student Information Form can be completed at the Admissions and Registration Office for additional Authorization.*)

Authorized Person(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Type: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Type: \_\_\_\_\_ Phone No.: \_\_\_\_\_

\_\_\_\_\_ 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: \_\_\_\_\_

If student is a minor, a parent/guardian signature is needed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*GCC Staff Use Only\*\*\*\***

Student Information Form completed by:

GCC Staff Signature: \_\_\_\_\_ DATE \_\_\_\_\_

SIF and ID card scanned and uploaded to BDMS \_\_\_\_\_ DATE \_\_\_\_\_