

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: _____



Admissions Form

AY2026-2027

Fall _____ Spring _____ Summer _____

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:



GUAM COMMUNITY COLLEGE

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AY2026-2027

Fall _____ Spring _____ Summer _____

ADMISSIONS & REGISTRATION OFFICE

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

BARRIGADA, GUAM 96921-0307

gcc.registrar@gumcc.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 Languages	<input type="checkbox"/> Spanish	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Ilocano	<input type="checkbox"/> Multiple Languages	<input type="checkbox"/> Spanish
<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Chuukese	<input type="checkbox"/> Korean	<input type="checkbox"/> Palauan	<input type="checkbox"/> Visayan	<input type="checkbox"/> Chuukese	<input type="checkbox"/> Korean	<input type="checkbox"/> Palauan	<input type="checkbox"/> Visayan
<input type="checkbox"/> English	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Ponapeian	<input type="checkbox"/> Yapese	<input type="checkbox"/> English	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Yapese	<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 _____