APPLICATION Dual Enrollment Accelerated Learning (DEAL) Program Guam Community College

Part I - Student Information

Name	Last	First	Middle	Social Security Number				
Mailing	g Address			Birth Date	Year In School (circle one)			
						11	12	
City		State	Zip Code	Gender (circle one)				
				Μ	F			
	Parent/Guardi	an Name:						
	Last	First	Middle					
-				Student Sig			Date	

Parent/Guardian Signature

Date

Part II - Course Information

			Name and N	umber of Dual Credit Course				
High School Course Title				College Course Title				
Course Code No.	Credit (circle one)			CRN/Course Number/Section	Credit (circle one)			
	1/2	1	Other		1	2	3	4
High School of Attendance			High School District					
			Name and N	umber of Dual Credit Course				
High School Course Title	9			College Course Title				
Course Code No.	Credit (cir	cle one)		CRN/Course Number/Section	Credi	t (circle c	one)	
	1/2	1	Other		1	2	3	4
High School of Attendance			High School I	District				

Name and Number of Dual Credit Course

High School Course Title			College Course Title					
Course Code No.	Credit (cir 1/2	Credit (circle one) 1/2 1 Other		CRN/Course Number/Section Credit (circle one) 1 2 3 4				
High School of Attendance			High School [District				

Principal's signature

Date

RELEASE OF ACADEMIC RECORD

I authorize Guam Community College to release my academic record each term to ______. This release is countersigned by my parent or legal guardian, if I am less than 18 years of age. This release shall remain in effect until I provide written notice to the GCC Registrar's Office to discontinue the release or until I earn my high school diploma. I authorize my parent or legal guardian, specified below, access and authorization to release my academic record.

Student Signature

Date

Parent/Guardian Signature

Date