



GUAM COMMUNITY COLLEGE

Kolehon Kunitidat Guahan
Accredited by the
Western Association of
Schools and Colleges

Received by: _____ on _____

APPLICATION FOR DEGREE/CERTIFICATE/DIPLOMA

(\$10.00 for each Degree/Certificate/Diploma or \$25.00 each to be mailed to student)

LEGAL NAME: _____ STUDENT ID NUMBER: _____
LAST FIRST M.I. (e.g. SSN, Driver's License...)

_____ If you have used another name at GCC, list here.

MAILING ADDRESS: _____ GENDER: () MALE () FEMALE
P.O BOX OR HOME MAILING ADDRESS

VILLAGE TERRITORY/STATE ZIP CODE TELEPHONE: _____

I am meeting or have met requirements for: Associate Degree Certificate Adult High School Vocational High School

If Degree or Certificate, what program: _____
(Example: ACCOUNTING, COMPUTER SCIENCE, COSMETOLOGY, etc.)

I am applying under the requirements as stated in the GCC _____ Catalog edition. **I EXPECT TO GRADUATE ON:**

I wish to have my name appear on the degree/certificate/diploma exactly as follows: _____ **SEMESTER/YEAR**

(PRINT YOUR LEGAL NAME AS YOU DESIRE IT TO APPEAR ; INCLUDE SPACES AND CAPITALIZATIONS)

() I DO WISH () I DO NOT WISH TO PARTICIPATE IN THE GRADUATION CEREMONY TO BE HELD IN MAY.

Please answer the following questions carefully and completely as you can. Your answers will help to reconstruct and/or verify your records.

I have attended: Adult High School/College Program from 19____ to 19____ to 20____
 Vocational High School Program from 20____ to 20____ to 20____

GCC should have received transcripts of my work from the following institution(s):

STUDENT'S SIGNATURE: _____ DATE: _____

BUSINESS & FINANCE USE ONLY

Does this student have an outstanding obligation to the College? () Yes () No _____

Number of Degree/Certificate/Diplomas ordered: _____ Amount: _____ Receipt Number: _____

ADMISSIONS & REGISTRATION OFFICE USE ONLY

Date admitted to GCC: _____ Semester Hours completed to date: _____ TOTAL TRANSFER of credits: _____

Residency requirements _____ Met _____ Not Met These courses are: _____

Cumulative Grade Point Average (GPA): _____ as of _____.

Recommended for GRADUATION: _____ DIPLOMA ORDERED: _____ ADD TO GRADUATE LIST: _____

Yes _____ No _____ Yes _____ No _____ Yes _____ No _____
Graduation Date Program Initials/Date Initials/Date

____ No (Comments: _____)

____ UPON COMPLETION OF THE ABOVE REQUIREMENTS