



# APPLICATION FOR I-20

Received by: \_\_\_\_\_ on \_\_\_\_\_

**GUAM COMMUNITY COLLEGE  
PO BOX 23069  
GMF, GUAM M.I. 96921-0307**

**INSTRUCTIONS: Please provide complete and accurate responses in each section of this form. Incomplete, inaccurate, or inappropriate responses may delay or prevent processing of your Application for I-20. You may wish to use additional sheets of paper to provide longer responses. In general, the more detailed, specific information you provide, the easier it is to process your Application for I-20 without delay.**

LEGAL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

STUDENT ID NUMBER: \_\_\_\_\_  
(e.g. SSN, Driver's License...)

PERMANENT MAILING ADDRESS: \_\_\_\_\_  
NUMBER, STREET or PO BOX

DATE OF BIRTH: \_\_\_\_\_  
MONTH DAY YEAR

VILLAGE/CITY TERRITORY/STATE COUNTRY ZIP CODE

PLACE OF BIRTH: \_\_\_\_\_  
COUNTRY

ADDRESS ON GUAM (if known): \_\_\_\_\_  
NUMBER, STREET OR PO BOX

COUNTRY OF CITIZENSHIP: \_\_\_\_\_

VILLAGE/CITY TERRITORY/STATE ZIP CODE

MARITAL STATUS: \_\_\_\_\_ Single \_\_\_\_\_ Married

GENDER: \_\_\_\_\_ Male \_\_\_\_\_ Female

TELEPHONE NUMBER (on Guam): \_\_\_\_\_

Have you ever applied for an I-20 before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of school: \_\_\_\_\_ Semester last attended: \_\_\_\_\_

Have you ever attended GCC? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when was the last semester you attended GCC? Fall/ Spring/Summer 20 \_\_\_\_\_

If you are currently attending GCC, what is your Admissions Number? \_\_\_\_\_ What is your current visa status? \_\_\_\_\_

What semester do you plan to attend GCC on this I-20? Fall/ Spring 20 \_\_\_\_\_

What degree or certificate program do you plan to complete at GCC? (Please indicate below)

\_\_\_\_\_ Associate Degree in \_\_\_\_\_ \_\_\_\_\_ Certificate in \_\_\_\_\_

**FINANCIAL SUPPORT:** In this next section, you are asked to demonstrate that you will have enough money to support yourself while you are a student at GCC. Please answer all questions as completely and as accurately as possible. Do not exaggerate your resources; false statements in this financial support information may delay or prevent issuance of your I-20. You may use extra pages to provide more detailed answers to any of the following questions.

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_ Occupation: \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

How much money will you have with you when you begin school at GCC? \$ \_\_\_\_\_ How much money will your family send to you each month that you attend GCC? (The school year is nine (9) months long: how much money will your family send you each month?) \$ \_\_\_\_\_

How much money do you expect to receive from any other source each month you attend GCC? (From relatives, friends ..... please be specific)

Source: \_\_\_\_\_ \$ \_\_\_\_\_  
(Name and relationship)

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(Name and relationship)

Source: \_\_\_\_\_ \$ \_\_\_\_\_  
(Name and relationship)

SPONSORSHIP: Do you have a sponsor on Guam? \_\_\_\_ No \_\_\_\_ Yes If yes, please complete the following section of this form.

Sponsor's Name: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_ Sponsor's Home Telephone Number: \_\_\_\_\_  
Number/Street Or PO Box

\_\_\_\_\_ Sponsor's Work Telephone Number: \_\_\_\_\_  
Village/City Territory/State Zip Code

Sponsor's Employer: \_\_\_\_\_ Sponsor's Yearly Income \$ \_\_\_\_\_

Do you plan to live with your sponsor? \_\_\_\_ Yes \_\_\_\_ No

GCC will contact all sponsors. Each sponsor will be required to complete an AFFIDAVIT OF SUPPORT FORM.

**CERTIFICATION**

I certify that the statements I have made in this Application for I-20 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 refusing to admit me to or my immediate dismissal from Guam Community College.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION TAKEN ON THIS APPLICATION**

( ) ACCEPTED on \_\_\_\_\_ Effective: \_\_\_\_\_  
MM/DD/YY SEMESTER/YEAR

( ) DENIED on \_\_\_\_\_ Comment(s): \_\_\_\_\_  
MM/DD/YY

REGISTRAR/DESIGNEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_