



GUAM COMMUNITY COLLEGE  
Kolehon Komunitadt Guåhan  
Accredited by the  
Western Association of  
Schools and Colleges

# APPLICATION FOR RE-ENTRY

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

GUAM COMMUNITY COLLEGE  
ADMISSIONS & REGISTRATION OFFICE  
P.O BOX 23069  
GMF, GU 96921-0307

**Declared students who do not enroll for two consecutive regular (Fall & Spring) semesters (stop-outs) and students dismissed from the college as a Declared Student must complete and submit this application to the Admissions & Registration Office. Students must meet with their Advisor or Coordinator of Enrollment Services, prior to the submission of this application.**

Semester of Re-Entry: \_\_\_\_\_ Semester/Year Last Attended: \_\_\_\_\_ Student Status:  Stop-out  Dismissed

LEGAL NAME: \_\_\_\_\_ STUDENT ID NUMBER: \_\_\_\_\_  
LAST FIRST MI (e.g. SSN, Driver's License...)

\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
If you have used another name (maiden/other), please list here Month/Day/Year

Guam Mailing Address \_\_\_\_\_ Telephone Number(s): \_\_\_\_\_

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

Last Declared Degree/Major: \_\_\_\_\_  
( ex. AS in Accounting or Certificate in Computer Science)

I wish to pursue the following Degree/Major: \_\_\_\_\_  
( ex. AS in Accounting or Certificate in Computer Science)

ADVISOR'S NAME: \_\_\_\_\_  
(Please Print Clearly)

ADVISOR'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Students who are re-entering the College must meet the requirements of the catalog in effect at the time of re-entry.**

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

### ACTION TAKEN ON THIS APPLICATION

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

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

REGISTRAR'S SIGNATURE: \_\_\_\_\_

1. Student File 2. Student Copy (mailed to student after decision has been made)