



GUAM COMMUNITY COLLEGE
Kolehen Komunitad Gadhan
Accredited by the
Western Association of
Schools and Colleges

APPLICATION TO TAKE

Special Project, Internship, Practicum, Co-op/Work Learn, and Workshop Courses

Received by: _____ on _____

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

PROGRAM OF STUDY: _____
(e.g. Medical Assisting, Computer Science) _____ ASSOCIATE OF ARTS
_____ ASSOCIATE OF SCIENCE
_____ CERTIFICATE

CATALOG YEAR BEING FOLLOWED (e.g. 2003-2004): _____

Course Number: _____ Course Title: _____ Credit Hours to Be Earned: _____

1. Instructor's methods for the course (instruction and evaluation): _____

2. Rationale for granting the application: _____

STUDENT'S SIGNATURE: _____ DATE: _____

INSTRUCTOR'S SIGNATURE: _____ DATE: _____

ADVISOR'S SIGNATURE: _____ DATE: _____

RECOMMENDATION OF DEPARTMENT CHAIRPERSON AND DEAN (Signature denotes APPROVAL)

DEPARTMENT CHAIRPERSON'S SIGNATURE _____ DATE _____ DEAN'S SIGNATURE _____ DATE _____

ACTION TAKEN: Approved _____, registration to be for _____.
MM/DD/YY Semester/Year
Disapproved _____ Comments: _____.
MM/DD/YY
REGISTRAR'S SIGNATURE _____

- 1. Registrar
- 2. Student File
- 3. Instructor
- 4. Student