



**UNIVERSITY OF GUAM
APPLICATION FOR ADMISSION
UNDERGRADUATE**

IMPORTANT: A non-refundable Application Fee must accompany this application. Certified Cashiers check or money order should be made payable to the University of Guam. Please use a pen (print in ink) or a typewriter in filling out this form and submit the completed application to the Graduate Admissions Office. Please provide complete and accurate information in blue or black ink. Incomplete applications cannot be processed and the applicant will not be considered for admission.

NAME AND APPLICATION INFORMATION	
LEGAL NAME: LAST, FIRST MIDDLE	ANY OTHER NAMES USED ON OTHER REQUIRED DOCUMENTS:
SEMESTER ENTERING: <input type="checkbox"/> FALL 20__ <input type="checkbox"/> SPRING 20__ <input type="checkbox"/> SUMMER 20__	ADMIT STATUS: <input type="checkbox"/> NEW FRESHMAN <input type="checkbox"/> NON-DEGREE <input type="checkbox"/> TRANSFER
DO YOU INTEND TO SEEK A DEGREE AT THE UNIVERSITY OF GUAM? () YES () NO	
IF SO, WHAT MAJOR PROGRAM OF STUDY DO YOU INTEND TO PURSUE?	
EDUCATIONAL GOAL: (CHECK ONE)	<input type="checkbox"/> TO PROVIDE A FOUNDATION FOR MY CAREER OBJECTIVE <input type="checkbox"/> BACHELOR'S DEGREE FROM UOG <input type="checkbox"/> TRANSFER CREDITS FROM ANOTHER INSTITUTION <input type="checkbox"/> SECOND BACCALAUREATE DEGREE <input type="checkbox"/> UNDECIDED <input type="checkbox"/> OTHER(SPECIFY) _____

(NOTE: Some majors, such as, but not limited to, Education, Nursing, Social Work, have additional admissions requirements before being accepted, please consult the catalog for detail(s) in their programs).

CONTACT INFORMATION	
MAILING ADDRESS:	EFFECTIVE DATE:
HOME ADDRESS:	
CONTACT INFORMATION: HOME:	WORK: CELL: EMAIL:

PARENT, GUARDIAN, SPOUSE, OR PERSON TO CONTACT IN CASE OF EMERGENCY		
RELATION:	FULL NAME:	DATE OF BIRTH: (MM/DD/YY)
MAILING ADDRESS:		
CONTACT INFORMATION: HOME:	WORK: CELL: EMAIL:	
HAS THIS INDIVIDUAL ATTENDED UOG BEFORE? () YES () NO IF YES, WHEN:		

PERSONAL DATA			
DATE OF BIRTH: (MM/DD/YY)	PLACE OF BIRTH (STATE OR FOREIGN COUNTRY):	U.S. SOCIAL SECURITY NUMBER:	PRIMARY LANGUAGE:
CITIZENSHIP: (CHECK ONE)	<input type="checkbox"/> GUAM, USA <input type="checkbox"/> USA, OTHER <input type="checkbox"/> CNMI-SAIPAN <input type="checkbox"/> CNMI-TINIAN	<input type="checkbox"/> CNMI-ROTA <input type="checkbox"/> CNMI-OTHER <input type="checkbox"/> FSM-KOSRAE <input type="checkbox"/> FSM-POHNPEI	<input type="checkbox"/> FSM-CHUUK <input type="checkbox"/> FSM-YAP <input type="checkbox"/> PALAU/BELAU <input type="checkbox"/> MARSHALLS <input type="checkbox"/> JAPAN <input type="checkbox"/> KOREA <input type="checkbox"/> PHILIPPINES <input type="checkbox"/> OTHER: _____
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	GENDER IDENTITY: <input type="checkbox"/> DECLINE TO STATE <input type="checkbox"/> NONBINARY GENDERQUEER GENDER NONCONFORMING <input type="checkbox"/> TRANSGENDER <input type="checkbox"/> TRANSSEXUAL <input type="checkbox"/> OTHER (SPECIFY) _____	
PERSONAL PRONOUN: <input type="checkbox"/> SHE HER HERS <input type="checkbox"/> HE HIM HIS <input type="checkbox"/> ZE HIR HIRS <input type="checkbox"/> THEY THEM THEIR <input type="checkbox"/> OTHER (SPECIFY) _____		SEXUAL ORIENTATION: <input type="checkbox"/> STRAIGHT HETEROSEXUAL <input type="checkbox"/> GAY OR LESBIAN HOMOSEXUAL <input type="checkbox"/> BISEXUAL <input type="checkbox"/> DECLINE TO STATE <input type="checkbox"/> OTHER (SPECIFY) _____	

IF YOU ARE A NATURALIZED U.S. CITIZEN, GIVE NATURALIZATION CERTIFICATION NUMBER: _____
(Note: Please present an original copy to the Office of Admissions and Records for verification. Do not photo copy the naturalization certificate).

IF YOU ARE A RESIDENT, NON-U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION: <i>(please provide copies of your permanent resident card and foreign passport)</i>	RESIDENT OF:
---	--------------

IF YOU ARE A NON-RESIDENT, NON-U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION:

(Please provide photocopies for the information you have indicated)

TYPE OF VISA: _____ VISA NUMBER: _____ PASSPORT EXPIRATION DATE: _____

- ETHNICITY: (CHECK ONE)
- | | | | |
|---|--|--|--|
| <input type="checkbox"/> ASIAN-CHINESE | <input type="checkbox"/> ASIAN-THAI | <input type="checkbox"/> AMERICAN INDIAN/ALASKAN | <input type="checkbox"/> MICRONESIAN PALAUAN |
| <input type="checkbox"/> ASIAN-FILIPINO | <input type="checkbox"/> ASIAN-VIETNAMESE | <input type="checkbox"/> MICRONESIAN-CAROLINIAN | <input type="checkbox"/> MICRONESIAN-YAPESE |
| <input type="checkbox"/> ASIAN-JAPANESE | <input type="checkbox"/> BLACK NON-HISPANIC | <input type="checkbox"/> MICRONESIAN-CHUUKESSE | <input type="checkbox"/> PACIFIC OTHER |
| <input type="checkbox"/> ASIAN-KOREAN | <input type="checkbox"/> CHAMORU-CNMI (ROTA, TINIAN, SAIPAN) | <input type="checkbox"/> MICRONESIAN-PONAPEAN | <input type="checkbox"/> WHITE NON-HISPANIC |
| <input type="checkbox"/> ASIAN-INDIAN | <input type="checkbox"/> CHAMORU-GUAM | <input type="checkbox"/> MICRONESIAN-KOSREAN | <input type="checkbox"/> TWO OR MORE (SPECIFY) |
| <input type="checkbox"/> ASIAN-OTHER | <input type="checkbox"/> HISPANIC | <input type="checkbox"/> MICRONESIAN-MARSHALLESE | _____ |

APPLICANT'S EDUCATIONAL DATA

INDICATE THE NUMBER OF YEARS YOU ATTENDED EACH OF THE FOLLOWING:

ELEMENTARY SCHOOL: _____ JUNIOR HIGH/MIDDLE SCHOOL: _____ SENIOR HIGH SCHOOL: _____ COLLEGE/UNIVERSITY: _____

AN APPLICANT WHO HAS SUCCESSFULLY COMPLETED TWELVE (12) YEAR OF FORMAL EDUCATION OR WHO HAS PASSED THE GENERAL EDUCATIONAL DEVELOPMENT (GED) TEST WITH A CUMULATIVE SCORE OF 45 OR HIGHER WILL BE CONSIDERED FOR ADMISSION. FOREIGN TRANSCRIPT RECORDS MUST BE TRANSLATED INTO ENGLISH. WE WILL NOT ACCEPT TRANSCRIPTS SUBMITTED BY STUDENTS; ACADEMIC RECORDS MUST BE MAILED DIRECTLY TO THE OFFICE OF ADMISSIONS AND RECORDS FROM THE ISSUING INSTITUTIONS.

HIGH SCHOOL(S) ATTENDED

NAME AND LOCATION (PLEASE PRINT)	DATES ATTENDED	DATE GRADUATED
	TO	
	TO	

GENERAL EDUCATION DEVELOPMENT (G.E.D., IF APPLICABLE)

NAME AND LOCATION (PLEASE PRINT):

DATE PASSED:

UNIVERSITY/ COLLEGE ATTENDED

NAME AND LOCATION (PLEASE PRINT)	MAJOR:	DATES ATTENDED	DEGREE & DATE (MM/YY) EARNED
		TO	
		TO	
		TO	

ARE YOU IN GOOD ACADEMIC STANDING AT ALL PREVIOUS INSTITUTIONS ATTENDED AND ELIGIBLE TO RETURN? () YES () NO

DISCIPLINE INFORMATION

FAILURE TO LIST ALL INSTITUTIONS PREVIOUSLY ATTENDED MAY RESULT IN CANCELLATION OF YOUR ADMISSION. YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE UNTIL WE HAVE RECEIVED OFFICIAL TRANSCRIPTS OF ALL PREVIOUS ACADEMIC WORK SENT DIRECTLY FROM YOUR PREVIOUS COLLEGES AND UNIVERSITIES TO THE OFFICE OF ADMISSIONS AND RECORDS. IF YOUR CUMULATIVE GPA AT THE LAST INSTITUTION ATTENDED IS BELOW THE REQUIRED MINIMUM OF 2.000, YOU MAY SUBMIT A WRITTEN APPEAL TO THE REGISTRAR FOR CONSIDERATION OF PROBATION ADMITTANCE TO THE UNIVERSITY OF GUAM.

IF YOU HAVE EVER BEEN ON PROBATION, SUSPENDED OR DISMISSED BY ANOTHER INSTITUTION, GIVE THE TYPE AND DATE OF ACTION TAKEN AND INDICATE YOUR PRESENT STATUS.

INSTITUTION	TYPE	DATE	PRESENT STATUS

STUDENT RESIDENCY CLASSIFICATION

RESIDENCY : U.S. CITIZEN & RESIDENT OF GUAM CNMI FSM
 (SELECT ONE) U.S. CITIZEN & NONRESIDENT OF GUAM I-20 STUDENT (F1 VISA HOLDER) MARSHALL
 GUAM RESIDENT & NON-U.S. CITIZEN ACTIVE MILITARY/DEPENDENT PALAU/ BELAU

I AM A RESIDENT OF :

COUNTRY :

HAVE YOU LIVED ON GUAM CONTINUOUSLY SINCE BIRTH ? () YES () NO IF NOT, PLEASE ANSWER THE REMAINING QUESTIONS.

WHEN DID YOU LAST ARRIVE ON GUAM ? GIVE MONTH, DAY AND YEAR OF ARRIVAL :

IF GUAM IS YOUR LEGAL RESIDENCE, GIVE EXACT MONTH, DAY AND YEAR RESIDENCE WAS ESTABLISHED :

WHAT WAS THE REASON FOR COMING TO GUAM ?

CHECK THE TYPE OF SUPPORTING DOCUMENT TO BE SUBMITTED : () GUAM HIGH SCHOOL TRANSCRIPT () OTHER (SPECIFY) _____

IMPORTANT : NONIMMIGRANTS, E.G., B, F, H, AND E VISA HOLDERS, ARE CLASSIFIED AS NON-RESIDENTS AND ARE NOT QUALIFIED FOR RESIDENT TUITION RATES OR EXEMPTIONS.

FOR ACTIVE MEMBERS OR VETERANS OF U.S. ARMED FORCES() I AM NOW IN THE U.S. _____ ON FULL-TIME DUTY AT _____
BRANCH OF SERVICE BASE OR STATION() I AM A VETERAN OF THE U.S. ARMED FORCES. I RECEIVED A DISCHARGE OTHER THAN DISHONORABLE FROM THE U.S. _____
BRANCH OF SERVICE**FOR STATISTICAL REPORTING**DOES AT LEAST ONE OF YOUR PARENTS OR LEGAL GUARDIANS
HAVE A BACHELOR'S DEGREE ? () YES () NOMOTHER : NAME OF INSTITUTION :
FATHER : NAME OF INSTITUTION :

ARE YOU FROM A LOW-INCOME HOUSEHOLD ? () YES () NO

(The term "low-income" applies to an individual whose household's taxable income for the preceding year did not exceed 150% of the poverty line)

WHICH ACADEMIC AND SUPPORT SERVICES WOULD YOU BE INTERESTED IN ? (CHECK ALL THAT APPLY)

- | | | |
|--|---|---|
| <input type="checkbox"/> TUTORIAL SERVICES | <input type="checkbox"/> PEER COUNSELING | <input type="checkbox"/> FINANCIAL AID ASSISTANCE |
| <input type="checkbox"/> FRESHMEN ORIENTATION | <input type="checkbox"/> COMPUTER ACCESS | <input type="checkbox"/> CULTURAL ORIENTATION |
| <input type="checkbox"/> NEW STUDENT ORIENTATION | <input type="checkbox"/> ACADEMIC ADVISING | <input type="checkbox"/> CAREER PLANNING |
| <input type="checkbox"/> MENTAL HEALTH AND WELLBEING | <input type="checkbox"/> DIVERSITY, EQUITY, AND INCLUSION (DEI) | <input type="checkbox"/> FINANCIAL LITERACY |
| <input type="checkbox"/> INFORMATION LITERACY | <input type="checkbox"/> DISABILITY SUPPORT SERVICES | <input type="checkbox"/> PEER MENTORING |
| <input type="checkbox"/> OTHER (SPECIFY) : _____ | | |

DID YOU TAKE THE UOG ENGLISH PREPAREDNESS TEST ? () YES () NO IF YES, WHEN: _____ WHERE _____

DID YOU TAKE THE UOG MATH PLACEMENT TEST ? () YES () NO IF YES, WHEN: _____ WHERE _____

IF YOU ARE A PERSON WITH A DISABILITY AND IN NEED OF ASSISTANCE, PLEASE CALL THE ADA OFFICE AT (671) 735-2460 FOR SUPPORT SERVICES AND INFORMATION.

RELEASE OF ALL RIGHTS PHOTOGRAPH

I AUTHORIZE THE UNIVERSITY OF GUAM, AND THOSE ACTING UNDER ITS AUTHORITY, TO USE FOR ANY LAWFUL PURPOSES WHATSOEVER, PHOTOGRAPHIC PORTRAITS OR PICTURES OF MYSELF, OR IN WHICH I MAY BE INCLUDED IN WHOLE OR IN PART, OR COMPOSITE OF DISTORTED IN CHARACTER, OR FORM, IN CONJUNCTION WITH MY OWN NAME, OR REPRODUCTIONS THEREOF IN COLOR OR OTHERWISE, MADE THROUGH ANY MEDIUM.

 I AGREE

SIGNATURE & DATE : _____

RELEASE OF INFORMATION

THE UNIVERSITY OF GUAM COMPLIES WITH THE STATUTES AND REGULATIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) OF 1974 PERTAINING TO THE CONFIDENTIALITY OF A STUDENT'S PERSONAL AND ACADEMIC RECORDS IN ITS POSSESSION. SEE CATALOG FOR MORE INFORMATION AND NOTICE.

THE UNIVERSITY OF GUAM IS AUTHORIZED UNDER THE PROVISIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) OF 1974 TO RELEASE STUDENT DIRECTORY INFORMATION. DIRECTORY INFORMATION INCLUDES THE STUDENT'S NAME, TELEPHONE NUMBER, EMAIL ADDRESS, MAILING ADDRESS, DATE AND PLACE OF BIRTH, MAJOR FIELD OF STUDY, PARTICIPATION IN OFFICIALLY RECOGNIZED ACTIVITIES AND SPORTS, DATES OF ENROLLMENT, HONORS, AWARDS, DEGREES COMPLETED AND DATES OF DEGREES CONFERRED, INSTITUTIONS ATTENDED PRIOR TO ADMISSION TO UOG, CLASS LEVEL, AND FULL-TIME/PART-TIME STATUS. THE ABOVE-DESIGNATED INFORMATION IS SUBJECT TO RELEASE BY THE UNIVERSITY OF GUAM AT ANY TIME UNLESS IT HAS RECEIVED PRIOR WRITTEN OBJECTIONS FROM THE STUDENT SPECIFYING INFORMATION WHICH THE STUDENT REQUESTS NOT TO BE RELEASED.

STUDENTS WISHING TO RESTRICT RELEASE OF DIRECTORY INFORMATION MUST FILE A "REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION" FORM AT THE OFFICE OF ADMISSIONS AND RECORDS. THIS FORM MUST BE FILED WITHIN TWO WEEKS AFTER THE FIRST DAY OF INSTRUCTION OF THE REGULAR SEMESTER AND WITHIN ONE WEEK AFTER THE FIRST DAY OF INSTRUCTION OF THE SUMMER SESSION. THE NOTIFICATION TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION IS EFFECTIVE ONLY FOR THE ONE TERM FROM WHICH THE STUDENT IS REGISTERED.

THIS AUTHORIZATION REQUEST WILL REMAIN IN EFFECT FOR THIS SEMESTER ONLY AND MUST BE RENEWED EVERY TERM FOR WHICH THE STUDENT IS CURRENTLY ENROLLED. RELEASE OF INFORMATION FORM WITH SIGNATURE IS STILL REQUIRED FOR SUBMISSION. PLEASE CONTACT THE OFFICE OF ADMISSIONS AND RECORDS.

====Optional====

I AUTHORIZE THE FOLLOWING INDIVIDUAL(S) FULL ACCESS TO MY STUDENT RECORDS, TO INCLUDE BUT NOT LIMITED TO, TRANSCRIPT REQUESTS, GRADES, ENROLLMENT CERTIFICATION, AND REGISTRATION. I UNDERSTAND THAT I MAY CANCEL THIS AUTHORIZATION AT ANY TIME.

THIS REQUEST WILL REMAIN IN EFFECT FOR THIS TERM AND **MUST** BE RENEWED EVERY TERM FOR WHICH THE STUDENT IS CURRENTLY ENROLLED.

NAME (PLEASE PRINT)	RELATIONSHIP	DATE OF BIRTH

STUDENT STATEMENT

WHAT INFLUENCED YOU TO APPLY :

I CERTIFY THAT THE STATEMENTS I HAVE MADE IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE INFORMATION FOUND TO HAVE BEEN WILLFULLY GIVEN BY ME HEREIN OR IN ANY SUPPORTING DOCUMENT SHOULD BE CAUSE FOR REJECTION OF MY APPLICATION OR FOR MY IMMEDIATE DISMISSAL.

I AGREE

SIGNATURE & DATE : _____

=====

DO NOT WRITE ON THIS SPACE BELOW

=====

APPLICATION RECEIVED ON: _____
DATE

BY: _____
RECEIVING PERSON

APPLICATION FEE RECEIVED: PAYMET AMOUNT: _____ RECEIPT NUMBER: _____ PAYMENT DATE: _____ PAYMENT RECEIVED BY: _____