



# DCAPS APPLICATION

## Admission & Immediate Awarding of Credits

PLEASE PRINT ALL INFORMATION

Student ID Number: \_\_\_\_\_ Start Term: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(Optional)

LEGAL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
Last Name MI Month/Day/Year

FORMER NAME: \_\_\_\_\_ GENDER: ( ) MALE ( ) FEMALE  
If you have used another name (i.e. Maiden Name) please list here

MAILING ADDRESS: \_\_\_\_\_  
PO BOX / STREET NAME CITY STATE ZIP CODE

RESIDENTIAL ADDRESS: \_\_\_\_\_  
HOUSE / APT# STREET NAME CITY STATE ZIP CODE

HOME PHONE#: \_\_\_\_\_ WORK PHONE#: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_

EMAIL ADDRESS (1): \_\_\_\_\_ ( ) WORK ( ) PERSONAL ( ) OTHER

EMAIL ADDRESS (2): \_\_\_\_\_ ( ) WORK ( ) PERSONAL ( ) OTHER

**\*Note: In order for remaining postsecondary credits to be awarded, according to the DCAPS guidelines, nine (9) postsecondary credits must have been successfully completed by the student at Guam Community College. There is a limit of nine (9) credits to be awarded at no cost. A recording fee will be assessed for the awarding of credits beyond nine (9). A student will have two years to apply for any remaining credits to be awarded through DCAPS.**

Please list the completed secondary (high school) Career and Technical Education course under the DCAPS agreement & date of completion. (Must be successfully completed with a "B" or better)	Please list the postsecondary (college) Career and Technical Education course aligned to the secondary course listed to immediately receive postsecondary credits under the DCAPS guidelines.

**ETHNIC CATEGORY**

<input type="checkbox"/> Nonresident Alien	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Chuukese	<input type="checkbox"/> Palauan
<input type="checkbox"/> Race and Ethnicity unknown	<input type="checkbox"/> White	<input type="checkbox"/> Filipino	<input type="checkbox"/> Ponapean
<input type="checkbox"/> Hispanics of any race	<input type="checkbox"/> Two or more races	<input type="checkbox"/> Hispanic Or Latino	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> Asian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Kosraean	

I hereby apply for admission to the Guam Community College Dual Credit Articulated Programs of Study (DCAPS). Further, I certify that the statements made in this form are true and correct to the best of my knowledge. 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.

STUDENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



## DCAPS APPLICATION

### Awarding of Remaining DCAPS Credits

PLEASE PRINT ALL INFORMATION

Student ID Number: \_\_\_\_\_ Start Term: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(Optional)

LEGAL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
Last Name MI Month/Day/Year

FORMER NAME: \_\_\_\_\_ GENDER: ( ) MALE ( ) FEMALE  
If you have used another name (i.e. Maiden Name) please list here

MAILING ADDRESS: \_\_\_\_\_  
PO BOX / STREET NAME CITY STATE ZIP CODE

RESIDENTIAL ADDRESS: \_\_\_\_\_  
ISE#/APT# STREET NAME CITY STATE ZIP CODE

HOME PHONE#: \_\_\_\_\_ WORK PHONE#: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_

EMAIL ADDRESS (1): \_\_\_\_\_ ( ) WORK ( ) PERSONAL ( ) OTHER

EMAIL ADDRESS (2): \_\_\_\_\_ ( ) WORK ( ) PERSONAL ( ) OTHER

**\*Note: I\*\*Note: In order for remaining postsecondary credits to be awarded, according to the DCAPS guidelines, nine (9) postsecondary (college) credits must have been successfully completed by the student at Guam Community College. There is a limit of nine (9) credits to be awarded at no cost. A recording fee will be assessed for the awarding of credits beyond nine (9).**

**Please list the completed secondary (high school) Career and Technical Education courses under the DCAPS agreement & dates of completion. (Must be successfully completed with a "B" or better)**

COURSE DESCRIPTION	DATE OF COMPLETION

**Please list the postsecondary (college) Career and Technical Education courses aligned to the secondary courses listed to receive postsecondary (college) credits under the DCAPS guidelines.**


I hereby apply for admission to the Guam Community College Dual Credit Articulated Programs of Study (DCAPS). Further, I certify that the statements made in this form are true and correct to the best of my knowledge. 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.

STUDENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_