

International Undergraduate

UOG

ADMISSIONS INSTRUCTION FOR APPLICATIONS



UNIVERSITY OF GUAM
ADMISSIONS & RECORDS OFFICE
303 University Drive
MANGILAO, GUAM 96913

PHONE: (671) 735-2201
FAX: (671) 735-2203

E-MAIL: admitme@triton.uog.edu
WEB SITE: www.uog.edu

Please read the following information and review the enclosures before you submit the application and supporting documents.

INTERNATIONAL UNDERGRADUATE ADMISSION INFORMATION AND APPLICATION PROCEDURES

Application and Fee: A completed application must be submitted online at <http://www.uog.edu/admissions/apply-online>. All required documents must be submitted to the Admissions Office at:

UNIVERSITY OF GUAM
ADMISSIONS & RECORDS OFFICE
303 UNIVERSITY DRIVE
MANGILAO, GUAM 96913

Submitting paper applications requires a non-refundable application fee that must be paid at the Cashier's Office located at the BUSINESS OFFICE building from 8:00am – 4:00pm. The NON-REFUNDABLE APPLICATION FEE can be paid online upon submission of your application. Your application fee is valid for one calendar year by semester.

Deadlines: Completed application must be received by the published deadline dates included in this application packet. Applications received after the deadlines for admissions for a particular term will be considered for the next term. Should you decide not to attend the semester you are applying for, you must submit a written request to the Admissions Office to defer your application to the following semester.

Transcripts: First time college applicants are required to have their secondary school or General Educational Development (GED) Institute send a transcript showing completion of twelve years of elementary and secondary education to the Admissions Office. Transfer applicants are required to have their transcripts from all colleges and universities attended sent directly to the Admissions Office at the address above. Foreign college/university transcript(s) are to be evaluated by one of the following U.S. evaluation companies: WES, ECE IERF and official course for course evaluation must be sent directly to Admissions Office.

Transcripts submitted by the applicant will not be accepted as official. All transcripts become university property and will not be given to or reproduced for the applicant/student.

TOEFL or IELTS Scores: International students are required to have official scores of the Test of English as a Foreign Language (TOEFL) or International English Language Testing System (IELTS) submitted directly to the Office of Admissions and Records at the address above by testing company before applicants can be considered for admission. The following scores are required for UOG acceptance:

TOEFL: paper-based (500); computer-based (173) internet based test (61) or IELTS: Score of 5.5

Placement Examinations: All entering freshmen and transfer applicants who have not completed at least three (3) semester hours of college-level English composition and at least three (3) semester hours of transferable college-level mathematics course with a grade of "C" or better at an accredited U.S. College or University must take placement examinations in English and Mathematics. Applicants who do not take the English placement test or who do not submit transcript showing completion of college level English can be admitted only as transition students and will be limited in their enrollment to certain approved courses for transition students. Admission under this status is limited to one semester. APPLICATIONS MUST BE PAID AND SUBMITTED TO

THE ADMISSIONS OFFICE PRIOR TO PLACEMENT EXAMINATIONS.

Health Requirement: All applicants must supply evidence of having been vaccinated against measles, mumps and rubella (MMR) and the results of a tuberculin skin test taken no earlier than six months prior to the beginning of the entry term. In addition, applicants must complete a personal health survey form and submit it to the Student Health Services Office. Health documents must be submitted to Student Health Office and cleared by the nurse before Orientation and Registration. Failure to submit health documents for your health clearance will delay registration.

Medical Insurance: Must provide proof of valid medical insurance that is valid while on Guam.

Passport and Immigration Documents: Copies of your current passport and any U.S. Immigration and Customs Enforcement (ICE) documents (ie: visa, I-20, I-94, etc) that may have been issued to you.

Financial Support: Financial support form must be certified by the bank or submitted with a bank statement from the sponsor.

*ESTIMATED EXPENSES FOR ONE ACADEMIC SCHOOL YEAR

Academic Year 2016-2017	<u>Undergraduate</u>	<u>Graduate</u>
Tuition & Fees	\$ 12,634.00	\$ 12,238.00
Room & Board	\$ 4,493.00	\$ 4,493.00
Transportation (on island)	\$ 450.00	\$ 450.00
Books & Supplies	\$ 1,850.00	\$ 2,050.00
Personal Expenses	\$ 1,800.00	\$ 1,800.00
Total	\$21,227.00	\$21,031.00

*Revised 10/28/16

Once the Admissions and Records Office receives all the required documents, an Immigration Form I-20, "Certificate of Eligibility" will be issued. Students should take this document to the U.S. Embassy in their home country where they will receive an F-1 Visa. Students should have the F-1 Visa in their possession prior to entry into Guam.

Discrimination Prohibited: No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance, or be treated on the basis of gender, or disability under most education programs or activities receiving Federal Assistance.



APPLICATION CHECKLIST

Prospective international students interested in attending the University of Guam (UOG) should submit the following credentials to the Admissions and Records Office on or before the deadlines listed on the APPLICATION DEADLINES. Notice that the student must meet the deadlines. This is necessary to insure that all requirements for admissions are met.

1.	Fill out and pay application fee of \$74	
2.	Request for official transcript(s) to be sent directly to UOG. All transcripts must be translated into English. If you have earned less than 15 college credits, submit an official high school transcript. Foreign college/university transcript(s)/credentials are to be evaluated by one of the following U.S evaluation service companies: WES, ECE IERF and official course for course evaluation must be sent directly to Admissions Office. Educational Credential Evaluators, Inc. https://www.ece.org International Education Research Foundation, Inc. http://ierf.org World Education Services, Inc. https://www.wes.org	
3.	Submit copy of current passport and visa (only if you are currently under a U.S. visa)	
4.	Submit a certified Financial Support Form or attach a sponsors' latest bank statement.	
5.	Request for official TOEFL score from www.ets.org or IELTS from https://www.ielts.org to be sent directly to UOG.	
6.	Submit immunization shot records with the medical history form to Student Health Services. Please visit http://www.uog.edu/sites/default/files/health_clearance.pdf to download the medical history form. For more information you may call 671-735-2225 or email uogstudenthealth@triton.uog.edu	
7.	Provide copy of valid medical insurance that will cover you while you are on Guam. (https://www.isoa.org/)	
8.	Take UOG English and Math placement test. Please visit http://www.uog.edu/admissions/apply-online to view published test dates.	

Once the Admissions and Records Office receives all required documents and determine students acceptance, an Immigration Form I-20, "Certificate of Eligibility" will be issued. Students should take this document along with an acceptance letter to the U.S. Embassy in their home country where they will schedule for an F-1 Visa appointment. Students should have the F-1 Visa in their possession prior to entry into Guam.



FINANCIAL SUPPORT

THE PURPOSE OF THIS FORM IS TO ASSIST THE ADMISSIONS OFFICE IN DETERMINING THAT THE BELOW NAMED STUDENT FROM ABROAD (1) WILL NOT BECOME A PUBLIC CHARGE IN THE EVENT HE OR SHE IS ADMITTED TO GUAM (2) DOES NOT INTEND TO TRAVEL TO GUAM FOR THE PURPOSE OF OBTAINING PERMANENT RESIDENT STATUS (3) DOES NOT INTEND TO TRANSFER TO ANOTHER COLLEGE UNTIL COMPLETION OF STUDIES HERE. PLEASE REFER TO OUR CURRENT COST OF ATTENDANCE LISTED ON "INSTRUCTIONS TO APPLICANT".

Student:

NAME OF STUDENT: _____ DATE OF BIRTH: _____ E-MAIL ADDRESS: _____
Family First Middle

PERMANENT ADDRESS IN HOME COUNTRY: _____

IF YOU PLAN TO BRING DEPENDENTS, PLEASE LIST THEIR NAMES AND BIRTHDATES IN THE SPACE BELOW. PROVIDE EVIDENCE THAT APPROXIMATELY \$4,000 PER YEAR/PER DEPENDENT IS AVAILABLE ABOVE THE AMOUNT REQUIRED FOR YOU:

Table with columns: Name, SEVIS I.D.#, Birth date, Country of Birth, Country of Citizenship, Relationship, Gender

Sponsor:

NAME OF SPONSOR: _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP TO STUDENT: _____ YEARLY AMOUNT OF SUPPORT IN \$ _____

IF YOU EXPECT TO RECEIVE A GRANT/LOAN, PLEASE PROVIDE THE NAME AND ADDRESS OF THE SPONSORING AGENCY AND ATTACH A COPY OF YOUR AWARD LETTER:

PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING.

I GUARANTEE, WITHOUT RESERVATION, THE MAINTENANCE, WELFARE, AND ALL EXPENSES INCLUDING TUITION, INCIDENTAL EXPENSES, REQUISITE TRAVEL, INSURANCE, AND MEDICAL EXPENSES INCURRED BY THE STUDENT WHILE IN GUAM AND ENROLLED AT THE UNIVERSITY OF GUAM. I ALSO GUARANTEE THAT I CAN PAY THE COST OF TRANSPORTATION AND INCIDENTAL EXPENSES FROM THE STUDENT'S RESIDENT COUNTRY TO GUAM AND BACK UPON COMPLETION OF STUDIES. IF GUARANTEE INCLUDES PAYMENT OF TRAVEL EXPENSES, PLEASE COMPLETE THIS PARAGRAPH: THAT I CAN PAY THE COST OF TRANSPORTATION AND INCIDENTAL EXPENSES FROM _____ TO GUAM AND FROM GUAM TO _____ UPON COMPLETION OF STUDIES AT THE UNIVERSITY OF GUAM. IF ANY INFORMATION CHANGES, I WILL IMMEDIATELY NOTIFY THE OFFICE OF ADMISSIONS AND RECORDS.

SIGNATURE OF SPONSOR: _____ DATE: _____

Bank Verification for Visa Purposes:

I CERTIFY THAT THE ABOVE NAMED SPONSOR HAS THE AMOUNT OF \$ _____ ON DEPOSIT WITH OUR INSTITUTION SUFFICIENT TO PROVIDE FINANCIAL SUPPORT FOR (INDICATE NAME OF STUDENT): _____

THIS CERTIFICATION IS OFFERED WITH NO RESPONSIBILITY ON THE PART OF THIS BANK OR FINANCIAL AGENCY.

FOR FOREIGN BANKS OUTSIDE THE U.S.: THIS BANK CERTIFIES THAT THERE WILL BE NO RESTRICTIONS FOR THE TRANSFER OF FUNDS IN THE EVENT THAT IT IS NEEDED.

NO RESTRICTIONS YES, PLEASE SPECIFY: _____

Bank Seal or Stamp

NAME OF BANK (OR AGENCY): _____ COUNTRY: _____

ADDRESS: _____

NAME OF ACCOUNT HOLDER: _____

TYPE OF ACCOUNT: SAVINGS CERTIFICATE OF DEPOSIT OTHER _____

DATE ACCOUNT OPENED: MONTH _____ DAY _____ YEAR _____

CONFIRMED BY BANK EMPLOYEE:

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____





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 Admissions Office.

UNIVERSITY OF GUAM
APPLICATION FOR ADMISSION
INTERNATIONAL UNDERGRADUATE STUDENTS

LEGAL NAME: LAST, FIRST MIDDLE			ANY OTHER NAME USED ON OTHER REQUIRED DOCUMENTS		
PERMANENT FOREIGN ADDRESS: (FROM COUNTRY OF CITIZENSHIP)					
MAILING ADDRESS ON GUAM				(EFFECTIVE DATE):	
CONTACT INFORMATION: HOME: WORK: CELL: EMAIL :					
INDICATE THE TERM AND YEAR IN WHICH YOU WISH TO ENROLL: <i>Note: Should you decide not to attend the semester you are applying for, you must submit a written request to the Admissions Office to defer your application to the following semester to avoid paying another application fee.</i>					
<input type="checkbox"/> FALL 20 _____		<input type="checkbox"/> SPRING 20 _____		<input type="checkbox"/> SUMMER 20 _____	
ENROLLMENT STATUS: (Check one)	<input type="checkbox"/> New Freshman <input type="checkbox"/> 2 nd Bachelor's (UOG graduate)		<input type="checkbox"/> New Non-Degree <input type="checkbox"/> 2 nd BA graduate (other College)		<input type="checkbox"/> INTERNATIONAL EXCHANGE <input type="checkbox"/> New Transfer
EDUCATIONAL GOAL: (Check one)	<input type="checkbox"/> To provide a foundation for my career objective <input type="checkbox"/> Bachelors degree from UOG <input type="checkbox"/> Transfer credits to another institution		<input type="checkbox"/> To complete a Second Baccalaureate Degree <input type="checkbox"/> Undecided <input type="checkbox"/> Other (specify) _____		
WHAT MAJOR PROGRAM OF STUDY DO YOU INTEND TO PURSUE? (All international students are required to declare a major in order to be considered for acceptance to UOG).					
<i>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 program.</i>					
PERSONAL DATA					
DATE OF BIRTH: Month Day Year -----/-----/-----			PLACE OF BIRTH: (COUNTRY)		
US. SOCIAL SECURITY NO: -----/-----/-----			FIRST LANGUAGE:		
TAX PAYER IDENTIFICATION NO: -----/-----/-----					
GENDER: () Female () Male		MARITAL STATUS: () Single () Married () Divorced () Widowed			
ETHNICITY : (Check one)	<input type="checkbox"/> IN–American Indian/Alaskan Native <input type="checkbox"/> BN–Black Non-Hispanic <input type="checkbox"/> WN–Caucasian (White) Non Hispanic <input type="checkbox"/> HP – Hispanic		<input type="checkbox"/> AC – Asian – Chinese <input type="checkbox"/> AF – Asian – Filipino <input type="checkbox"/> AN – Asian – Indian <input type="checkbox"/> AJ – Asian – Japanese		<input type="checkbox"/> AK – Asian – Korean <input type="checkbox"/> AV – Asian Vietnamese <input type="checkbox"/> PO – Pacific – Other <input type="checkbox"/> OT Other: _____
PARENT, GUARDIAN, SPOUSE, OR PERSON TO CONTACT IN CASE OF EMERGENCY:					
FULL NAME:			RELATIONSHIP:		
MAILING ADDRESS:					
HOME PHONE:		WORK PHONE:		CELL:	
DATE OF BIRTH:			EMAIL:		

EDUCATIONAL DATA	
INDICATE THE NUMBER OF YEARS YOU ATTENDED EACH OF THE FOLLOWING:	
Elementary School _____	Senior High School _____
Junior High /Middle School _____	College/ University _____

An applicant who has successfully completed twelve (12) years 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 Admissions & Records Office from the issuing institutions.

HIGH SCHOOL(S) ATTENDED		
NAME AND LOCATION (please print full name & location)	DATES ATTENDED	DATE GRADUATED
	TO	
	TO	

GENERAL EDUCATION DEVELOPMENT (G.E.D., if applicable)
NAME AND LOCATION (please print full name & location)

UNIVERSITY/COLLEGE(S) ATTENDED			
NAME AND LOCATION (please print full name & location)	DATES ATTENDED	MAJORS	DEGREE & DATE (M/YY) EARNED
	TO		
	TO		
	TO		
	TO		

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

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 Undergraduate Admissions. If your cumulative GPA at the last institution attended is below the required minimum of 2.00, please submit a written request to the Registrar for consideration of probational admittance to the University of Guam.

If you have ever been on PROBATION or SUSPENDED or DISMISSED by another institution, give the type and date of action taken and indicate your present status.			
INSTITUTION	TYPE	DATE	PRESENT STATUS

RELEASE OF ALL RIGHTS IN 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 my medium.

SIGNATURE DATE

PASSPORT AND VISA INFORMATION				
CITIZENSHIP OF: _____ (INDICATE COUNTRY)				
a. Passport expiration date:	c. Type of VISA?	VISA Number:	e. Date TOEFL was taken	TOEFL Score
b. What country do you reside in ?	d. I - 94 Number		f. Date IELTS was taken	IELTS Score

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 documents should be cause for denial of this petition.

STUDENT'S SIGNATURE DATE

Nonimmigrant aliens, e.g., B, F, H, and E visa holders, are classified as non-residents and are not qualified for resident tuition rates or exemptions.

DO YOU HAVE A PHYSICAL OR LEARNING DISABILITY? (for statistical reporting only) Yes () No () If you are a person with a disability and need of assistance, please call the ADA Office at (671) 735-2971, (Voice) TTY. For support services and information. Please call at least 72 hours or three days in advance.

RELEASE OF INFORMATION

The University of Guam complies with the statutes and regulations of the Family Educational Rights and Privacy Act of 1974 pertaining to the confidentiality of a student's personal and academic records in its possession.

The University of Guam is authorized under the provisions of the Family Educational Rights and Privacy Act of 1974 to release public directory information, concerning students. Directory information includes the student's name, address, email address, telephone listing, date and place of birth, major field of study, class schedule, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student. 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.

== Optional ==

I authorize the following individual(s) full access to my student record, to include but not limited to, transcript requests, grades, enrollment certification, and registration. I understand that I may cancel this authorization at anytime.

NAME (Please print)	RELATIONSHIP	DATE OF BIRTH

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.

STUDENT'S SIGNATURE

DATE

The following information is needed before your application status to the University of Guam can be determined:

<input type="checkbox"/> Official High School Transcript Indicating Graduation Date <input type="checkbox"/> Official Documentation of GED Scores <input type="checkbox"/> TOEFL or IELTS Scores <input type="checkbox"/> Official Statement of Standing (If transfer non-degree student) <input type="checkbox"/> Official College Transcript(s)	<input type="checkbox"/> Student Health Clearance (Shot Records) <input type="checkbox"/> Financial Support documents <input type="checkbox"/> Proof of Health Insurance with Valid Coverage on Guam <input type="checkbox"/> Copy of passport <input type="checkbox"/> Other
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I understand that I need to submit the document(s) indicated above in order to complete my application. This may delay my acceptance to the university or registration for my classes.

STUDENT (PRINT)

STUDENT'S SIGNATURE

DATE

A&R TECHNICIAN

DATE

DO NOT WRITE ON THIS SPACE

RECRUITMENT EVENT:

<input type="checkbox"/> High School <input type="checkbox"/> Website <input type="checkbox"/> Walk-In	<input type="checkbox"/> Recruitment Event (Off-Campus) <input type="checkbox"/> Recruitment Event (On-Campus) <input type="checkbox"/> Other (Specify):
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APPLICATION RECEIVED ON _____
Date

BY _____
Receiving Person

ADMISSION STATUS: () Regular Student () High School Student () Special Student () Application Rejected _____
Reason

APPLICATION FEE RECEIVED _____ RECEIPT NO. _____ () LATE



The deadline dates for prospective students, as well as tuition costs, are provided below.
SCHEDULE OF APPLICATION DEADLINES TUITION COST AND APPLICATION FEES

INTERNATIONAL (I-20) FOREIGN UNDERGRADUATE & GRADUATE APPLICANTS

Tuition (Per Credit)

<u>Entry Term</u>	<u>Application Deadline</u>	<u>Application Fee</u>	<u>Undergraduate /Graduate</u>
Spring 2017	September 1, 2016	\$74.00	\$504.00 \$650.00
Summer 2017	February 06, 2017	\$74.00	\$504.00 \$650.00
Fall 2017	March 13, 2017	\$74.00	\$504.00 \$650.00

RESIDENT/NON-RESIDENT UNDERGRADUATE AND GRADUATE APPLICANTS

Tuition (Per Credit)

Entry Term	Application Deadline	Application Fee	<u>Resident</u>		<u>Non-Resident</u>	
			Undergraduate/Graduate	Undergraduate/Graduate	Undergraduate/Graduate	Undergraduate/Graduate
Spring 2017	November 18, 2016	\$49.00	\$210.00	\$285.00	\$504.00	\$650.00
Summer 2017	April 14, 2017	\$49.00	\$210.00	\$285.00	\$504.00	\$650.00
Fall 2017	June 1, 2017	\$49.00	\$210.00	\$285.00	\$504.00	\$650.00

Application fee and tuition fee are subject to change. Semester fees also apply.

PLACEMENT EXAMINATION DATES

(Picture ID Required)

PROSPECTIVE APPLICANTS MUST SUBMIT AN ADMISSIONS APPLICATION FORM BEFORE TAKING THE PLACEMENT EXAMINATIONS

TERM	DATE/SUBJECT	TIME	LOCATION
Spring 2017	Dec 03, 2016 (English)	08:00 a.m.	CLASS Lecture Hall
Spring 2017	Dec 03, 2016 (Math)	10:30 a.m.	CLASS Lecture Hall
Summer 2017	April 22, 2017 (English)	08:00 a.m.	CLASS Lecture Hall
Summer 2017	April 22, 2017 (Math)	10:30 a.m.	CLASS Lecture Hall
Fall 2017	June 08, 2017 (A-C English)	08:00 a.m.	CLASS Lecture Hall
Fall 2017	June 08, 2017 (A-C Math)	10:30 a.m.	CLASS Lecture Hall
Fall 2017	June 08, 2017 (D-L English)	12:00 p.m.	CLASS Lecture Hall
Fall 2017	June 08, 2017 (D-L Math)	2:30 p.m.	CLASS Lecture Hall
Fall 2017	June 09, 2017 (M-R English)	08:00 a.m.	CLASS Lecture Hall
Fall 2017	June 09, 2017 (M-R Math)	10:30 a.m.	CLASS Lecture Hall
Fall 2017	June 09, 2017 (S-Z English)	12:00 p.m.	CLASS Lecture Hall
Fall 2017	June 09, 2017 (S-Z Math)	2:30 p.m.	CLASS Lecture Hall

Please be advised that the placement test dates are subject to change. A reminder will be sent to the student via email the week of the test date.

For more information contact:

English Dept. Tel. 735-2725-6 or Fax 734-0012

Math Dept. Tel. 735-2825 or Fax 734-4582

303 University Drive, Mangilao, Guam 96913 Tel. (671) 735-2201 or 735-2204 Fax (671) 735-2203
A Land Grant Institution accredited by the Western Association of Schools and Colleges
The University of Guam is an Equal Opportunity Employer and Provider



**UNIVERSITY OF GUAM
UNIBETSEDAT GUAHAN
ENROLLMENT MANAGEMENT & STUDENT SUCCESS
OFFICE OF ADMISSIONS AND RECORDS**

UOG Station, Mangilao, Guam 96923
Phone: (671) 735-2201 Fax: (671) 735-2203
e-mail: admitme@triton.uog.edu website: www.uog.edu

REQUEST FOR TRANSCRIPT: HIGH SCHOOL/COLLEGE/UNIVERSITY

It is the applicant's responsibility to mail this form to the appropriate high school, college or university previously attended. We will not accept transcripts submitted by students; academic records must be mailed directly to the Admissions and Records Office from the issuing institution.

TO THE REGISTRAR/RECORDS CLERK:

COMPLETE NAME OF HIGH SCHOOL/COLLEGE/UNIVERSITY

STREET ADDRESS

CITY STATE ZIP CODE

Please Send: _____ High School record (showing date of graduation or withdrawal)
_____ College/University transcript

NAME (Type or print last name first)	DATE OF BIRTH
MAIDEN NAME (If applicable)	PLACE OF BIRTH
MAILING ADDRESS	LAST TERM ATTENDED (Year)
SOCIAL SECURITY NO.	DATE OF GRADUATION (If applicable)

Student's Signature: _____ Date: _____

(PLEASE DETACH AND RETURN TO THE UNIVERSITY OF GUAM)

TO THE REGISTRAR, UNIVERSITY OF GUAM

SUBJECT: TRANSCRIPT REQUEST OF: _____

NAME OF STUDENT

_____ The transcript of the above named student is enclosed.

_____ There is no record of the above named student at this college or university.

_____ The transcript of the above named student cannot be released for the following reasons(s):

SIGNATURE

SCHOOL/COLLEGE/UNIVERSITY



UOG STUDENT ID #: _____

HEALTH CLEARANCE FORM

This information is treated confidentially and does not become a part of your academic records. All students and employees of the University of Guam are required to complete and submit the health clearance form with immunization records from your clinic. Please type or print answers in English using **BLACK OR BLUE INK**.

STUDENT INFORMATION	ANY OTHER NAMES USED ON OTHER REQUIRED DOCUMENTS
NAME: _____	
Last(Family Name)	First
Middle	Middle
MAILING ADDRESS: _____	
<small>Street / P.O. Box</small>	<small>City</small>
<small>State</small>	<small>Zip Code</small>
DATE OF BIRTH: ____/____/____	GENDER: F <input type="checkbox"/> M <input type="checkbox"/>
EMAIL ADDRESS: _____	
PHONE: (H)(____) _____ (CELL)(____) _____ (W)(____) _____	
<small>Area Code</small>	<small>Area Code</small>
<small>Area Code</small>	<small>Area Code</small>
PLEASE CHECK ONE:	EXPECTED TERM OF ENROLLMENT:
NEW STUDENT:	Year: _____ Semester: _____
RE-ENTRY:	Year: _____ Semester: _____
GRADUATE SCHOOL:	
IN CASE OF EMERGENCY NOTIFY: NAME: _____	RELATIONSHIP: _____
PHONE: (H)(____) _____ (CELL)(____) _____ (W)(____) _____	
<small>Area Code</small>	<small>Area Code</small>
<small>Area Code</small>	<small>Area Code</small>
EMAIL ADDRESS: _____	

Note: Information regarding disability, voluntarily given or inadvertently received, will not adversely affect any admissions decision. If you should require special services because of your disability, you may notify the University Health Nurse or Enrollment Management and Student S Dean. This voluntary self-identification allows the University of Guam to prepare appropriate support services to facilitate your learning. This information will be kept in strict confidence and has no effect on your admission to the University of Guam.

DO YOU HAVE ANY SIGNIFICANT MEDICAL CONDITIONS OR DISABILITIES THAT WOULD LIMIT PARTICIPATION IN ACADEMIC AND/OR PHYSICAL ACTIVITIES?

Please specify: _____

Drug allergy: _____

Other allergies: _____

STUDENT SIGNATURE: _____ **DATE:** _____

**URGENT DEADLINES TO SUBMIT HEALTH FORMS: FALL SEMESTER: LAST FRIDAY OF JUNE
SPRING SEMESTER: LAST FRIDAY OF NOVEMBER
SUMMER SEMESTER: LAST FRIDAY OF APRIL**

PLEASE NOTE: IF FRIDAY FALLS ON A HOLIDAY, PLEASE SUBMIT YOUR FORMS ON THURSDAY

PLEASE DO NOT SEND YOUR MEDICAL FORMS THROUGH EMAIL.

Mail or fax form to:
University of Guam
Student Health Services
303 University Drive, Guam 96913
Tel: (671) 735-2225/6 Fax: (671) 734-4651
Email: uogstudenthealth@triton.uog.edu



STUDENT HEALTH SERVICES

The University of Guam requires all newly entering students to be immunized against MEASLES and RUBELLA (GERMAN MEASLES). This medical requirement will be strictly monitored and enforced due to the increasing occurrence of measles in adults throughout the Pacific and United States. Under Guam Public Law Article 3, Chapter 3, §3322. Vaccination and Immunaztion, no student shall be permitted to attend school **unless** evidence is presented, indicating that the student is free from any communicable dseases, and has had all the required vaccinations or immunzations. **(Please use BLACK or BLUE ink)**

STUDENT'S NAME: _____
LAST FIRST MIDDLE

UOG ID#: _____ DATE OF BIRTH: _____

REQUIRED IMMUNIZATIONS – MEASLES/MUMPS/RUBELLA (MMR), PPD
To avoid unnecessary vaccination of MMR, please refer back to your old shot records first for two (2) doses of MMR. You may obtain a copy of your shot records from your clinic, elementary, middle, or high school, or previous college attended. Two (2) doses are required and must have been given at least 28 days apart for students born after 1956 (CDC). This requirement is to be waived if: 1) the student was born before 1957 or 2) if a physician has documented the diagnosis of measles in the past or 3) Serologic evidence of immunity is provided. Complete one of the following:

Date of Last Immunization		or Antibody Titer Results:	Circle One
Measles (§)	_____	Measles date and result: _____	Pos / Neg
Mumps (§)	_____ <small>(§ BORN AFTER 1956)</small>	Mumps date and result: _____	Pos / Neg
Rubella (§)	_____	Rubella date and result: _____	Pos / Neg

PPD Date Given _____ Date Read _____ Results(mm) _____ Clinic _____

*Students must show valid documentation of TB skin test result conducted within six (6) months prior to entry into the University of Guam. **NEGATIVE and four (4) day readings are NOT accepted.***

If PPD +: Attach Chest X-Ray Report and proceed to Department of Public Health & Social Services in Mangilao, TB Department to obtain your TB clearance.

PART III – MENINGOCOCCAL, TETANUS/DIPHThERIA/PERTUSSIS, AND VARICELLA (OPTIONAL)
Although not required for enrollment, these vaccines are recommended.

Varicella	Disease Date:	Titer date and result: +/-	Dose #1 and Dose #2 dates:
Tetanus, Diphtheria, Pertussis: One dose of Tdap for all students, regardless of interval since last Td booster	<input type="checkbox"/> Td OR <input type="checkbox"/> Tdap Date of most recent dose:	Td primary series dates	
Meningococcal Quadrivalent vaccine date(s):	Hepatitis A and Hepatitis B:		Polio:
Dates of other vaccines highly recommended	Human Papilloma Virus Vaccine:		

- Dates of immunizations must be indicated and signed by provider or immunization record submitted with Medical History Form.
- All corrections made, must be initialed by provider (NO-WHITE OUTS ACCEPTED).

PLEASE DO NOT SEND YOUR MEDICAL FORMS THROUGH EMAIL.

Mail or fax form to:
 University of Guam
 Student Health Services
 303 University Drive, Guam 96913
 Tel: (671) 735-2225/6 Fax: (671) 734-4651
 Email: uogstudenthealth@triton.uog.edu

 Name MD/Nurse (PRINT/STAMP/SIGN) Date

 Clinic/Address

 Area Code()

 Phone Number/Email

**LATENT TUBERCULOSIS INFECTION (LTBI)
QUESTIONNAIRE**

**PLEASE SUBMIT FOR CLEARANCE REQUEST FOR PATIENTS HAVING POSITIVE TB
SKIN TEST**

NAME		DOB ____/____/____
ADDRESS		
ETHNICITY		PHONE NUMBERS: (HOME/WORK/MOBILE)

PPD SKIN TEST	Date given:	Date read:	Results: _____ mm
Chest X-Ray <small>(Copy of report MUST Be Attached)</small>	Date of CXR exam:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Comments: _____ _____
LTBI Treatment	Date treatment started:	Date completed:	<input type="checkbox"/> No h/o treatment
	Adverse reactions to LTBI therapy? <input type="checkbox"/> YES <input type="checkbox"/> NO		Patient declined therapy? <input type="checkbox"/> YES <input type="checkbox"/> NO

Have you been exposed to active TB? <input type="checkbox"/> YES <input type="checkbox"/> NO			
SYMPTOMS	YES	NO	<i>If response is "yes" to any of the symptoms, patient will need a repeat 2 view CXR before referral to Public Health for clearance.</i> Please include findings from repeat CXR (Copy of report <u>MUST</u> be attached): <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Cough			
Fever			
Weight loss			
Night sweats			
Fatigue			
Chest pain			
Shortness of breath			
Hoarseness			

Patient is cleared for work/school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patient is referred to the Department of Public Health Communicable Disease Clinic for possible active tuberculosis (All required documents <u>MUST</u> accompany referral).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Physician Signature/Stamp

Name of Physician/Clinic

Date (Valid 90 days)

DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES
BUREAU OF COMMUNICABLE DISEASE CONTROL
TUBERCULOSIS/HANSEN'S DISEASE CONTROL PROGRAM
123 Chalan Kareta, Mangilao, Guam 96913
671-735-7157/7131/7120/7145



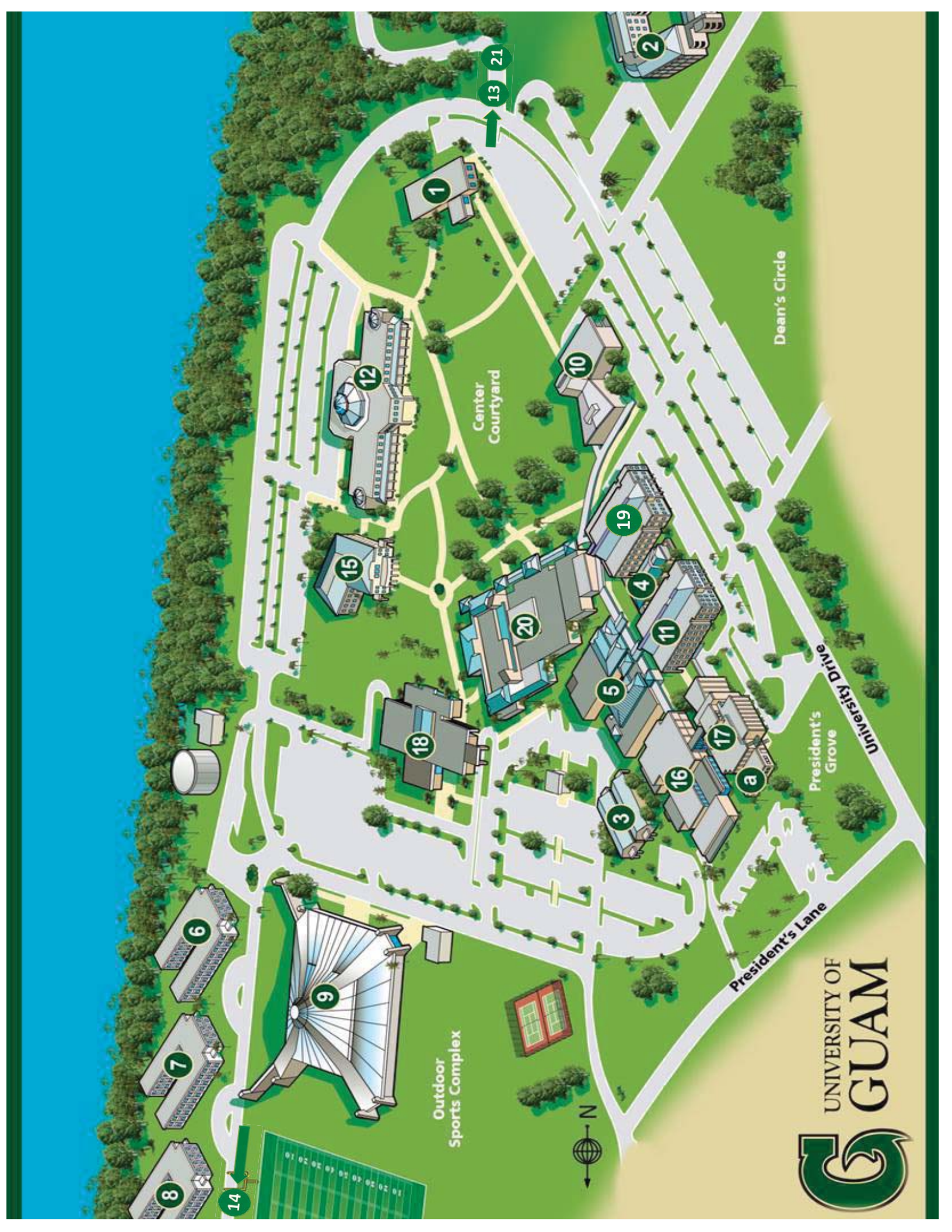
Thank you for your interest in the University of Guam.

Your Natural Choice

To Enlighten

To Discover

To Serve



Dean's Circle

University Drive
President's Grove

President's Lane

Center
Courtyard

Outdoor
Sports Complex



UNIVERSITY OF GUAM CAMPUS MAP LEGEND

1. Administration Building

- Bursar's Office
- Business Office
- Human Resources Office
- Procurement Office

2. Agriculture & Life Sciences Building

- Cooperative Extension Service
- CCYFN
- 4H

3. Annex A and B

4. CLASS Lecture Hall

5. MARC I Computer Center

- Computer Lab
- Professional & International Programs (PIP)
- Richard F. Taitano Micronesia Area Research Center (MARC)

6. Dorm 1- UOG Army ROTC

7. Dorm 2- Iya-Hami

8. Dorm 3- Guma'ta Hall

9. Field House

- Admissions & Records Office
- Athletics & Recreation Office
- Financial Aid Office
- TRiO Programs (2nd Floor)

10. Fine Arts Theatre

11. Humanities & Social Sciences Building

(College of Liberal Arts & Social Sciences)

12. Jesus & Eugenia Leon Guerrero School of Business & Public Administration Building

- Office of the President
- Office of the Senior Vice President, Academic & Student Affairs
- Office of the Vice President, Administration & Finance
- Pacific Small Business Development Center Network (PSBDCN)

13. Marine Lab

14. Plant Maintenance

15. School of Education

16. School of Nursing & Health Sciences Building

17. Science Building

- Office of Graduate Studies, Sponsored Programs & Research

18. Student Services Center

- Enrollment Management & Student Services
- Food Court
- Triton Bookstore
- Athletics & Recreation Office

19. Tan Lam Pek Kim English & Communication Building

20. Tan Siu Lin Building-RFK Memorial Library

(College of Liberal Arts & Social Sciences)

21. Water Environmental Research Institute (WERI)

UOG CAMPUS CONTACT



UOG Residence Hall	671-735-2260/61
Student Health Service	671-735-2225/26
Student Counselors	671-735-3342/0277
Student Life Office	671-735-0246
Campus Security	671-735-2365
Security Guard on Duty	671-888-2456

GUAM EMERGENCY CONTACT

Emergency	911
Guam Police Department	671-472-8911
Guam Mangilao Fire Department	671-734-2264