

# *International Graduate*

# UOG

## ADMISSIONS INSTRUCTION BOOKLET



UNIVERSITY OF GUAM  
**Office of Graduate Studies**  
UOG STATION  
MANGILAO, GUAM 96923

PHONE: (671) 735-2170  
FAX: (671) 734-3676

E-MAIL: [graduatestudies@uguan.uog.edu](mailto:graduatestudies@uguan.uog.edu)

WEB SITE: [www.uog.edu](http://www.uog.edu)

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

## **INSTRUCTIONS TO APPLICANT**

*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.*

**Application and Fee:** A completed application must be submitted online. Apply at

[www.applyweb.com/apply/guam](http://www.applyweb.com/apply/guam)

The NON-REFUNDABLE APPLICATION FEE is 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 dates included in this application packet. Applications received after the deadlines for admission 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 defer your application to the following semester.

**Transcripts:** Applicants are required to have their institution send a transcript showing completion of bachelor's degree. Transfer applicants are required to have their transcripts from colleges and universities attended sent directly to the Office of Graduate Studies at the address above. **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 Graduate Studies at the address above by the Educational Testing Services before applicants can be considered for admission.

TOEFL scores requirement: paper-based (500); computer-based (173) internet based test (61).

IELTS score requirement: 5.5 or higher.

**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**

<b>Academic Year 2013-2014</b>	<b>Graduate</b>
Tuition & Fees	\$ 12,000.00
Room & Board	\$ 4,557.00
Transportation (on island)	\$ 403.00
Books & Supplies	\$ 1,870.00
Personal Expenses	\$ 2,250.00
<b>Total</b>	<b>\$21,080.00</b>

\*Revised 03/15/13

Once the Office of Graduate Studies 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.	Apply on line at <a href="http://www.applyweb.com/apply/guam">www.applyweb.com/apply/guam</a>	
2.	Request for official college transcript(s) to be sent directly to <a href="#">UOG, Office of Graduate Studies</a> . All transcripts must be translated to English.	
3.	Submit copy of current passport	
4.	Submit Financial Support Form	
5.	Request for official TOEFL score from <a href="http://www.ets.org">www.ets.org</a> or IELTS score from <a href="http://www.ielts.org">www.ielts.org</a> To be sent directly to <a href="#">UOG, Office of Graduate Studies</a> .	
6.	Submit immunization records to Student Health Services (exempt for on-line programs). For more information you may call 671-735-2225 or email <a href="mailto:skisa@uguam.uog.edu">skisa@uguam.uog.edu</a> .	
7.	Provide copy of medical insurance valid on Guam (exempt for on-line programs)	

### **F1 visa**

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.

**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***

<b><u>Entry Term</u></b>	<b><u>Application Deadline</u></b>	<b><u>Application Fee</u></b>	<b><u>Tuition (Per Credit)</u></b>
			<b><u>Graduate</u></b>
Spring 2014	September 03, 2013	\$74.00	\$589.00
Summer 2014	February 03, 2014	\$74.00	\$589.00
Fall 2014	March 17, 2014	\$74.00	\$589.00
Spring 2015	September 02, 2015	\$74.00	\$589.00

**NOTE:** All applications received after the schedule deadlines are not guaranteed acceptance. Late Registration fee will be assessed. Application fee and tuition fee are subject to change. Semester fees also apply.

## 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:

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: \_\_\_\_\_

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: \_\_\_\_\_

Bank Seal or  
^



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 GRADUATE STUDENTS**

<b>LEGAL NAME:</b> LAST,                      FIRST                      MIDDLE			<b>ANY OTHER NAME USED ON OTHER REQUIRED DOCUMENTS</b>		
<b>PERMANENT FOREIGN ADDRESS:</b> (FROM COUNTRY OF CITIZENSHIP)					
<b>MAILING ADDRESS ON GUAM</b>					(EFFECTIVE DATE):
<b>CONTACT INFORMATION:</b> HOME:                      WORK:                      CELL:                      EMAIL :					
<b>INDICATE THE TERM AND YEAR IN WHICH YOU WISH TO ENROLL:</b> <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"/> <b>FALL 20</b>		<input type="checkbox"/> <b>SPRING 20</b>		<input type="checkbox"/> <b>SUMMER 20</b>	
<b>ENROLLMENT STATUS</b>		<b>New Graduate</b>			
<b>EDUCATIONAL GOAL:</b> (Check one)		<input type="checkbox"/> To provide a foundation for my career objective <input type="checkbox"/> Masters 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) _____	
<b>WHAT MAJOR PROGRAM OF STUDY DO YOU INTEND TO PURSUE?</b> (All international students are required to declare a major in order to be considered for acceptance to UOG).					
<i><b>Note:</b> 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>					
<b>PERSONAL DATA</b>					
<b>DATE OF BIRTH:</b> Month                      Day                      Year ----- / ----- / -----			<b>PLACE OF BIRTH: (COUNTRY)</b>		
<b>U.S. SOCIAL SECURITY NO:</b> ----- / ----- / -----			<b>FIRST LANGUAGE:</b>		
<b>GENDER:</b> ( ) Female    ( ) Male		<b>MARITAL STATUS:</b> ( ) Single    ( ) Married    ( ) Divorced    ( ) Widowed			
<b>ETHNICITY :</b> (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"/> CH – Chamorro – Guam <input type="checkbox"/> CC–Chamorro-Saipan, Rota Tinian <input type="checkbox"/> MC – Micronesia – Chuukese <input type="checkbox"/> MA – Micronesia – Carolinian <input type="checkbox"/> MK – Micronesia – Kosraen		<input type="checkbox"/> MM–Micronesia Marshallese <input type="checkbox"/> MP– Micronesia – Palauan <input type="checkbox"/> MH–Micronesia – Pohnpeian <input type="checkbox"/> MY – Micronesia – Yapese <input type="checkbox"/> MO – Micronesia – Other <input type="checkbox"/> PO – Pacific – Other <input type="checkbox"/> OT Other: _____	
<b>PARENT, GUARDIAN, SPOUSE, OR PERSON TO CONTACT IN CASE OF EMERGENCY:</b>					
<b>FULL NAME:</b>			<b>RELATIONSHIP:</b>		
<b>MAILING ADDRESS:</b>					
<b>HOME PHONE:</b>		<b>WORK PHONE:</b>		<b>CELL:</b>	

DATE OF BIRTH:	EMAIL:
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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		
	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 <b>PROBATION</b> or <b>SUSPENDED</b> or <b>DISMISSED</b> 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

## STUDENT RESIDENCY CLASSIFICATION

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		<input type="checkbox"/> Paper Base <input type="checkbox"/> Computer Based	

*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*

**DOES AT LEAST ONE OF YOUR PARENTS OR LEGAL GUARDIANS HAVE A BACHELOR'S DEGREE?**    Yes ( ) No ( )

**ARE YOU FROM A LOW-INCOME HOUSEHOLD?** (for statistical reporting only)    Yes ( ) No ( )

**FROM WHICH HIGH SCHOOL DID YOU RECEIVE YOUR HIGH SCHOOL DIPLOMA?** \_\_\_\_\_

<b>WHICH ACADEMIC SUPPORT SERVICES DO YOU THINK YOU WILL NEED WHILE AT UOG:</b> (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

**DID YOU TAKE THE UOG ENGLISH AND MATH PLACEMENT EXAMINATIONS?** Yes ( ) No ( ) When: \_\_\_\_\_ Where: \_\_\_\_\_

**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:

____ Official High School Transcript Indicating Graduation Date	____ Student Health Clearance ( <i>Shot Records</i> )
____ Official Documentation of GED Scores	____ Financial Support documents
____ TOEFL (Test of English as a Foreign Language) or IELTS (International English Language Testing System) Scores	____ Proof of Health Insurance with Valid Coverage on Guam
____ Official Statement of Standing ( <i>If transfer non-degree student</i> )	____ Copy of passport
____ Official College Transcript(s)	____ Other

*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"/> Recruitment Event (Off-Campus)
<input type="checkbox"/> Website	<input type="checkbox"/> Recruitment Event (On-Campus)
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other (Specify):

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***

<b><u>Entry Term</u></b>	<b><u>Application Deadline</u></b>	<b><u>Application Fee</u></b>	<b><u>Tuition (Per Credit)</u></b> <b><u>Graduate</u></b>
Spring 2014	September 03, 2013	\$74.00	\$589.00
Summer 2014	February 03, 2014	\$74.00	\$589.00
Fall 2014	March 17, 2014	\$74.00	\$589.00
Spring 2015	September 02, 2015	\$74.00	\$589.00

**NOTE:** All applications received after the schedule deadlines are not guaranteed acceptance. Late Registration fee will be assessed. Application fee and tuition fee are subject to change. Semester fees also apply.

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**PLACEMENT EXAMINATION DATES**

**(Picture ID Required)**

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

<b><u>TERM</u></b>	<b><u>DATE</u></b>	<b><u>TIME</u></b>	<b><u>LOCATION</u></b>
Spring 2014	November 30, 2013 (English)	08:00 a.m.	CLASS Lecture Hall
Spring 2014	November 30, 2013 (Math)	10:30 a.m.	CLASS Lecture Hall
Summer 2014	April 19, 2014(English)	08:00 a.m.	CLASS Lecture Hall
Summer 2014	April 19, 2014 (Math)	10:30 a.m.	CLASS Lecture Hall
Fall 2014	July 10, 2014 (English A-C)	08:00 a.m.	CLASS Lecture Hall
Fall 2014	July 10, 2014 (Math A-C)	10:30 a.m.	CLASS Lecture Hall
Fall 2014	July 10, 2014(English D-L)	12:00 p.m.	CLASS Lecture Hall
Fall 2014	July 10, 2014 (Math D-L)	02:30 p.m.	CLASS Lecture Hall
Fall 2014	July 11, 2014 (English M-R)	08:00 a.m.	CLASS Lecture Hall
Fall 2014	July 11, 2014 (Math M-R)	10:30 a.m.	CLASS Lecture Hall
Fall 2014	July 11, 2014 (English S-Z)	12:00 p.m.	CLASS Lecture Hall
Fall 2014	July 11, 2014 (Math S-Z)	02:30 p.m.	CLASS Lecture Hall

Please be advised that the placement test dates are subject to change.

For more information contact: English Dept. Tel. 735-2725-6 or Fax 734-0012

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

UOG, Mangilao, Guam 96923 Tel. (671)735-2201 or 735-2202. 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  
OFFICE OF GRADUATE STUDIES**

UOG Station, Mangilao, Guam 96923

Phone: (671) 735-2170 Fax: (671) 734-3676

e-mail: [graduatestudies@ugamlive.uog.edu](mailto:graduatestudies@ugamlive.uog.edu) website: [www.uog.edu](http://www.uog.edu)

**REQUEST FOR TRANSCRIPT: COLLEGE/UNIVERSITY**

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

TO THE REGISTRAR/RECORDS CLERK:

\_\_\_\_\_  
COMPLETE NAME OF COLLEGE/UNIVERSITY

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

Please Send: **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 OFFICE OF GRADUATE STUDIES, 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

\_\_\_\_\_  
COLLEGE/UNIVERSITY



**UNIVERSITY OF GUAM**  
**STUDENT HEALTH SERVICE**  
UOG STATION MANGILAO, GUAM 96923  
TEL: 735-2226 • FAX: 734--4651  
**REPORT OF MEDICAL HISTORY**

TO THE STUDENT: The University of Guam requires that each student submit a medical history. Students' health records are for the use of the Student Health Service and will not be released or disclosed to anyone without the student's knowledge or permission. The University of Guam does not discriminate on the basis of handicap in the recruitment and admission of students or the operators of any of its programs and activities, as specified by federal laws and regulations. The designated coordinator for University compliance with Section 504 of the Rehabilitation Act of 1973 is the Registrar. This information is treated confidentially and does not become part of your academic records. Please type or print answers in English. If you have enrolled within the past 4 years at the University of Guam and have previously submitted a health form, you need not complete this form again. (Please use **BLACK** or **BLUE** ink)

STUDENTS NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
LAST FIRST MIDDLE  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**FAMILY HISTORY**

Family Member	Age	State of Health	Age at Death	Cause of Death
FATHER				
MOTHER				
BROTHERS				
SISTERS				

COLLEGE/UNIVERSITY ATTENDED	DATES
Name at previous enrollment at UOG (if different from above).	
IN CASE OF EMERGENCY NOTIFY:	
NAME	
Last	First Relationship
ADDRESS	
Street	City
TELEPHONE ( )	
State	Zip Code Area code

**PERSONAL HISTORY**

Please indicate YES or NO in all questions. Make appropriate comments in the space provided below or on a separate sheet of paper.

Have you had...	Yes	No	Have you EVER had...	Yes	No	Do you FREQUENTLY have...	Yes	No
SCRALET FEVER			PAIN IN THE CHEST			INSOMNIA (CAN'T SLEEP)		
RHEUMATIC FEVER			SHORTNESS OF BREATH			ANXIETY, WORRY		
MEASLES			ASTHMA			DEPRESSION		
GERMAN MEASLES			HAY FEVER			NERVOUSNESS		
MUMPS			ALLERGY			STOMACH TROUBLE		
CHICKEN POX			TUBERCULOSIS			DIARRHEA		
MALARIA			TUMOR OR CANCER			DIZZINESS, FAINTNESS		
VENEREAL DISEASE						PALPITATION		
RECENT GAIN/WEIGHT LOSS						HEADACHES		
ANY SURGERY						COLDS, SORE THROAT		
Have you had any illness or injury or been hospitalized other than already noted? (Give details)			Have you ever received treatment for a nervous condition or mental condition or mental/emotional problem? (Give details)			Has your physical activity been restricted?		

NOTE: Information regarding handicaps, 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 Vice President, Student Affairs. 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.

(OPTIONAL) Please check the appropriate box:

☐ Blind ☐ Deaf ☐ Paraplegic ☐ Quadraplegic ☐ Developmental Handicap ☐ Speech Impediment ☐ Other

Thank you for taking time out in helping us help you. Please contact the University Nurse upon arrival on campus.

SEE REVERSE SIDE

STUDENT'S SIGNATURE

DATE



**UNIVERSITY OF GUAM**  
STUDENT HEALTH SERVICE  
UOG STATION MANGILAO, GUAM 96923

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. It is recommended that these immunizations be administered before coming on campus. (Please use BLACK or BLUE ink)

STUDENT'S NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

SOCIAL SECURITY NO: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**PLEASE CHECK:**

NEW STUDENT: \_\_\_\_\_

RE-ENTRY: \_\_\_\_\_

GRADUATE SCHOOL: \_\_\_\_\_

**IMMUNIZATIONS**

**REQUIRED:** Date of Last Immunization

Measles (\$ ) # 1 # 2

Mumps (\$ ) (\$ BORN IN OR AFTER 1957)

Rubella (\$ )

Last Attendance New Attendance

SPRING: \_\_\_\_\_ SPRING: \_\_\_\_\_

SUMMER: \_\_\_\_\_ SUMMER: \_\_\_\_\_

FALL: \_\_\_\_\_ FALL: \_\_\_\_\_

PPD Date Given \_\_\_\_\_ Date Read \_\_\_\_\_ Results(mm) \_\_\_\_\_

X-Ray (if PPD +) Date \_\_\_\_\_ Results \_\_\_\_\_

ELI \_\_\_\_\_

NSE \_\_\_\_\_

INTERNATIONAL \_\_\_\_\_

**RECOMMENDED:**

Polio

Diphtheria

Tetanus

- This requirement is to be waived if: 1) the individual was born before 1957 (when we can assume that the individual probably had measles as a child or 2) A physician has documented the diagnosis of measles in the past or 3) Serologic evidence of immunity can be presented.
- 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).
- Students must show valid documentation of TB skin test result conducted within six (6) months prior to entry into the University of Guam.

**COMMENTS:**

Signature of Health Provider

Date

Name of (PRINT)

Address