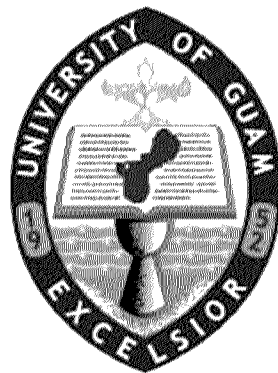


International Undergraduate

UOG

ADMISSIONS INSTRUCTION BOOKLET



UNIVERSITY OF GUAM
ADMISSIONS & RECORDS OFFICE
UOG STATION
MANGILAO, GUAM 96923

PHONE: (671) 735-2201/2
FAX: (671) 735-2203

E-MAIL: admitme@uguan.uog.edu
WEB SITE: 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. All required documents must be submitted to the Admissions Office at the address:

UNIVERSITY OF GUAM
ADMISSIONS & RECORDS OFFICE
UOG STATION
MANGILAO, GUAM 96923

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 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 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. **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 Scores: International students are required to have official scores of the Test of English as a Foreign Language (TOEFL) submitted directly to the Office of Admissions and Records at the address above by the Educational Testing Services before applicants can be considered for admission. The following TOEFL scores are required for UOG acceptance: paper-based (500); computer-based (173).

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.

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.

Affidavit of Financial Support

- A. Affidavit of Financial support (attached). This is a certified, sworn document verifying the financial ability of the student to undertake the expenses of education and living on Guam. A financial document attesting to this must be provided.
- B. 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.
- C. Submit proof of a guaranteed minimum amount of \$1,000.00 (U.S. dollars) for initial entry to Guam.

*ESTIMATED EXPENSES FOR ONE ACADEMIC SCHOOL YEAR

| Academic Year 2009-2010 | <u>Undergraduate</u> | <u>Graduate</u> |
|----------------------------|----------------------|--------------------|
| Tuition & Fees | \$14,842.00 | \$ 12,070.00 |
| Room & Board | \$15,309.00 | \$ 15,309.00 |
| Transportation (on island) | \$ 1,917.00 | \$ 1,917.00 |
| Books & Supplies | \$ 4,570.00 | \$ 4,570.00 |
| Personal Expenses | \$ 6,301.00 | \$ 6,301.00 |
| Total | \$42,939.00 | \$40,167.00 |

*Revised 03/03/09

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.



UNIVERSITY OF GUAM
UNIBETSEDÁT GUAHAN

Enrollment Management & Student Services
Admissions and Records

AFFIDAVIT OF SUPPORT

TO: SPONSOR

Sponsor's Name: _____ Date: _____

Mailing Address: _____

Daytime phone (work): _____ Home phone: _____

E-mail address: _____

STUDENT'S NAME: _____

The purpose of this affidavit is to assist the Admissions Office in determining that the above 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 read the following statements before signing. Note that this document must be signed in the presence of a Notary Public. Financial document(s) attesting to the sponsor's eligibility as a sponsor must be attached.

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 and will 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 in writing the Office of Admissions and Records.

SPONSOR'S SIGNATURE

SPONSOR'S NAME (PRINT)

Subscribed and sworn to before me, this

_____ day of _____ 20_____.

Signature and Seal of NOTARY PUBLIC

My commission expires on: _____



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"/> New Graduate (UOG) | | <input type="checkbox"/> New Non-Degree <input type="checkbox"/> New Graduate (other College) <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: | | |
| 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"/> 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 Marshalllese <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: _____ | |
| 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 | | |
| | 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

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

¹Nonimmigrant 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? _____

| | | |
|---|--|---|
| WHICH ACADEMIC SUPPORT SERVICES DO YOU THINK YOU WILL NEED WHILE AT UOG: (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:

| | |
|---|--|
| <input type="checkbox"/> Official Preliminary High School Transcript (<i>High School Seniors</i>) | <input type="checkbox"/> Official College Transcript(s) |
| <input type="checkbox"/> Official High School Transcript Indicating Graduation Date | <input type="checkbox"/> Student Health Clearance (<i>Shot Records</i>) |
| <input type="checkbox"/> Official Documentation of GED Scores | <input type="checkbox"/> Affidavit of Support documents |
| <input type="checkbox"/> TOEFL (Test of English as a Foreign Language) Scores | <input type="checkbox"/> Proof of Health Insurance with Valid Coverage on Guam |
| <input type="checkbox"/> Official Statement of Standing (<i>If transfer non-degree student</i>) | <input type="checkbox"/> 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

| <u>Entry Term</u> | <u>Application Deadline</u> | <u>Application Fee</u> | <u>Tuition (Per Credit)</u> | |
|-------------------|-----------------------------|------------------------|-----------------------------|------------------|
| | | | <u>Undergraduate</u> | <u>/Graduate</u> |
| Spring 2010 | September 03, 2009 | \$74.00 | \$565.00 | \$639.00 |
| Summer 2010 | February 08, 2010 | \$74.00 | \$565.00 | \$639.00 |
| Fall 2010 | March 22, 2010 | \$74.00 | Not available ¹ | |
| Spring 2011 | September 02, 2010 | \$74.00 | Not available ¹ | |

RESIDENT/NON-RESIDENT UNDERGRADUATE AND GRADUATE APPLICANTS

| <u>Entry Term</u> | <u>Application Deadline</u> | <u>Application Fee</u> | <u>Tuition (Per Credit)</u> | | <u>Tuition (Per Credit)</u> | |
|-------------------|-----------------------------|------------------------|-------------------------------|----------|-------------------------------|----------|
| | | | <u>Resident</u> | | <u>Non-Resident</u> | |
| | | | <u>Undergraduate/Graduate</u> | | <u>Undergraduate/Graduate</u> | |
| Spring 2010 | November 20, 2009 | \$49.00 | \$190.00 | \$258.00 | \$565.00 | \$639.00 |
| Summer 2010 | April 16, 2010 | \$49.00 | \$190.00 | \$258.00 | \$565.00 | \$639.00 |
| Fall 2010 | June 07, 2010 | \$49.00 | Not available ¹ | | Not available ¹ | |
| Spring 2011 | November 19, 2010 | \$49.00 | Not available ¹ | | Not available ¹ | |

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.

PLACEMENT EXAMINATION DATES

(Picture ID Required)

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

| <u>TERM</u> | <u>DATE</u> | <u>TIME</u> | <u>LOCATION</u> |
|-------------|-------------------------------|-------------|------------------------|
| Spring 2010 | December 05, 2009 (A-L) MATH | 08:30 A.M. | SC*101 and SC*112 |
| Spring 2010 | December 05, 2009 (M-Z) MATH | 10:30 A.M. | SC*101 and SC*112 |
| Spring 2010 | December 12, 2009 ENGLISH | 08:00 A.M. | UOG CLASS Lecture Hall |
| Summer 2010 | April 17, 2010 (A-L) MATH | 08:30 A.M. | SC*101 and SC*112 |
| Summer 2010 | April 17, 2010 (M-Z) MATH | 10:30 A.M. | SC*101 and SC*112 |
| Summer 2010 | April 24, 2010 ENGLISH | 08:00 A.M. | UOG CLASS Lecture Hall |
| Fall 2010 | June 19, 2010 (A - C) MATH | 08:30 A.M. | SC*101 and SC*112 |
| Fall 2010 | June 19, 2010 (D - K) MATH | 10:30 A.M. | SC*101 and SC*112 |
| Fall 2010 | June 19, 2010 (L - R) MATH | 01:30 P.M. | SC*101 and SC*112 |
| Fall 2010 | June 19, 2010 (S - Z) MATH | 03:30 P.M. | SC*101 and SC*112 |
| Fall 2010 | July 08, 2010 (A - L) ENGLISH | 08:00 A.M. | UOG CLASS Lecture Hall |
| Fall 2010 | July 09, 2010 (M - Z) ENGLISH | 08:00 A.M. | UOG CLASS Lecture Hall |
| Spring 2011 | December 04, 2010 (A-L) MATH | 08:30 A.M. | SC*101 and SC*112 |
| Spring 2011 | December 04, 2010 (M-Z) MATH | 10:30 A.M. | SC*101 and SC*112 |

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

¹ Tuition rates currently unavailable. Figures will be available June 2010.



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

UOG Station, Mangilao, Guam 96923
Phone: (671) 735-2201-2 Fax: (671) 735-2203
e-mail: admitme@uguam.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



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 | |
| <small>Last</small> | <small>First</small> |
| ADDRESS | |
| | |
| | |
| Street | City |
| TELEPHONE () | |
| <small>State</small> | <small>Zip Code</small> |
| <small>Area code</small> | |

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 | | Last Attendance | | New Attendance | |
|--|---------------------------|-------|----------------------------|-------------|----------------|-------------|
| | # 1 | # 2 | SPRING: | SUMMER: | SPRING: | SUMMER: |
| Measles | (\$) _____ | _____ | _____ | _____ | _____ | _____ |
| Mumps | (\$) _____ | _____ | SUMMER: _____ | FALL: _____ | SUMMER: _____ | FALL: _____ |
| Rubella | (\$) _____ | _____ | (\$ BORN IN OR AFTER 1957) | | | |
| PPD Date Given _____ Date Read _____ Results(mm) _____ | | | ELI _____ | | | |
| X-Ray (if PPD +) Date _____ Results _____ | | | 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

NOTES