



COLLEGE OF MICRONESIA-FSM

P.O. Box 159, Kolonia, Pohnpei, FM 96941

(691) 320-2480 (691) 320-2479

DIVISION OF EDUCATION

THIRD YEAR APPLICATION FORM			
Applicant's Name (Last Name, First Name, Middle Name)		2 Date of Application	
For Academic Term <input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Summer	Year	Mailing Address (P.O. Box, Street, City, State, Country, ZIP Code)	
Have you completed your A.A., A.S., or A.A.S. degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Major _____		Date of Graduation	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Indicate any college education courses other than COM-FSM education courses and/or credits you have completed and/or earned (DO NOT LIST COM-FSM courses)			
College	Address	Education Courses (Course Number and Title)	Credits
If you have completed courses from any college and/or university, please have your official academic transcript sent to the COM-FSM Registrar.			
Where do you wish to live? <input type="checkbox"/> Dormitory <input type="checkbox"/> Off-Campus	If you wish to live off-campus, list name and complete address of your sponsor:		
Write a brief statement as to why you want to enroll in the COM-FSM Third-Year Program in Teacher Preparation-Elementary			
The statements in this application are true and complete to the best of my knowledge.		Applicant's Signature over printed name	
For OARR use only Files complete <input type="checkbox"/> Yes <input type="checkbox"/> No Last academic term attended _____ CumGPA _____ Credits earned _____ Remarks _____ Processed by: _____ Date: _____		For Business Office use only Applicant has outstanding balance <input type="checkbox"/> Yes <input type="checkbox"/> No Account _____ Campus _____ Remarks: _____ Processed by: _____ Date: _____	