## **COLLEGE OF MICRONESIA-FSM**Office of Admissions and Records

**NATIONAL CAMPUS** P.O. Box 159 Palikir, Pohnpei, FSM 96941

hone: (691) 320-2480 **POHNPEI CAMPUS**  **CHUUK CAMPUS** P.O. Box 879 Weno, Chuuk, FSM 96942

KOSRAE CAMPUS Tofol, Kosrae, FSM 96944

**YAP CAMPUS** Colonia, Yap, FSM 96943 Phone: (691) 350-2296

FSM FMI P.O. Box 1056

Form No. 3 (Rev. 1/3/2005)

100 - 100 P	Accredited by the	Western Association of	Schools and Colleges	(WASC)	Kolonia, Pohnpei, FSM 96941 Phone: (691) 320-3795	Tofol, Kosrae, FSM 96944 Phone: (691) 370-3191	Colonia, Yap, FS Phone: 350-52	
W	/ITHDF	RAWAL	CARD		Spring Sui	mmer Fa	ll Year	
Name (Last Name, First Name, Middle Name)			2 Campus or Site					
COURSE I	NO.	COURSE TIT	LE (	CREDIT	INSTRUCTOR	ROOM	DAY	TIME
4 Student has returned all books and materials  5 Student (Signature over printed name)								
L	YES	∐ NO						Date
6 Advisor (Signature over printed name) 7 Instructor (Signature over printed name)								
			Date					Date
<ul> <li>Student may withdraw from a course up to two weeks after mid-term</li> <li>Fill out the Withdrawal Card and take it to your <b>Academic Advisor</b> and <b>Instructor</b> for approval.</li> <li>Return all borrowed books and materials to your instructor.</li> <li>Return the Withdrawal Card to the Office of Admissions and Records</li> </ul>								
RECORDE	D BY		JOB TITLE			DATE RECORI	DED	

**NATIONAL CAMPUS CHUUK CAMPUS** YAP CAMPUS **COLLEGE OF MICRONESIA-FSM**Office of Admissions and Records P.O. Box 159 Palikir, Pohnpei, FSM 96941 Phone: (691) 320-2480 P.O. Box 879 Weno, Chuuk, FSM 96942 P.O. BOX 286 Colonia, Yap, FSM 96943 Phone: (691) 350-2296 **PHONPEI CAMPUS KOSRAE CAMPUS** FSM FMI P.O. Box 614 Kolonia, Pohnpei, FSM 96941 Phone: (691) 320-3795 P.O. Box 37 Tofol, Kosrae, FSM 96944 Phone: (691) 370-3191 P.O. Box 1056 Colonia, Yap, FSM 96943 Phone: 350-5244 Accredited by the Western Association of Schools and Colleges (WASC) Year ITHDRAWAL CARD Fall Spring Summer Name (Last Name, First Name, Middle Name) Campus or Site Date **COURSE NO. COURSE TITLE CREDIT INSTRUCTOR ROOM** DAY TIME 5 Student (Signature over printed name) Student has returned all books and materials **YES** Date Advisor (Signature over printed name) **Instructor** (Signature over printed name) Date Date Student may withdraw from a course up to two weeks after mid-term Fill out the Withdrawal Card and take it to your Academic Advisor and Instructor for approval. Return all borrowed books and materials to your instructor. Return the Withdrawal Card to the Office of Admissions and Records **RECORDED BY JOB TITLE DATE RECORDED** Form No. 3 (Rev. 1/3/2005)