



COLLEGE OF MICRONESIA-FSM
Office of Admissions and Records

www.comfsm.fm

Accredited by the Western Association of Schools and Colleges (WASC)

NATIONAL CAMPUS

P.O. Box 159
 Palikir, Pohnpei, FSM 96941
 Phone: (691) 320-2480

POHNPEI CAMPUS

P.O. Box 614
 Kolonia, Pohnpei, FSM 96941
 Phone: (691) 320-3795

CHUUK CAMPUS

P.O. Box 879
 Weno, Chuuk, FSM 96942
 Phone: (691) 330-2689

KOSRAE CAMPUS

P.O. Box 37
 Tofol, Kosrae, FSM 96944
 Phone: (691) 370-3191

YAP CAMPUS

P.O. Box 286
 Colonia, Yap, FSM 96943
 Phone: (691) 350-2296

FSM FMI

P.O. Box 1056
 Colonia, Yap, FSM 96943
 Phone: 350-5244

REQUEST TO REGISTER AFTER CLASSES BEGIN

INSTRUCTIONS: Students wanting to register after classes have begun should complete the top portion of this form and submit it with the supporting document(s) to either Vice Presidents. After the first Vice President makes his decision, this form should be forwarded to the other Vice President. After the second Vice President makes his decision, copies should be distributed as indicated below.

1 Name (Last Name, First Name, Middle Name)		2 Date	
3 For Academic Term <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall Year _____		4 Campus or Site	
5 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		6 Mailing Address (P.O. Box, Street, City, State, Country, ZIP Code)	
7 Citizenship <input type="checkbox"/> Micronesian <input type="checkbox"/> Others, specify _____		8 Date of Birth (MM/DD/YYYY)	
9 Social Security Number		10 Phone Number	
11 E-Mail Address		12 Major	
13 Status <input type="checkbox"/> New <input type="checkbox"/> Continuing <input type="checkbox"/> Returning			

REASON (S) FOR REQUESTING TO REGISTER AFTER CLASSES BEGIN
 Please attach document (s) that support your request

14 Student (Signature over printed name)	
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FOR OFFICE USE ONLY

VICE PRESIDENT, Support and Student Affairs	VICE PRESIDENT, Instructional Affairs
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED _____ Signature _____ Date	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED _____ Signature _____ Date

RECORDED BY _____	JOB TITLE _____	DATE RECORDED _____
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