



# COLLEGE OF MICRONESIA-FSM

P.O. Box 159, Kolonia, Pohnpei, FSM 96941  
Phone: (691) 320-2480 Fax (691) 320-2479

## DIVISION OF EDUCATION

### THIRD YEAR APPLICATION FORM

<b>1</b> Applicant's Name (Last Name, First Name, Middle Name)	<b>2</b> Date of Application
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<b>3</b> For Academic Term <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall   Year _____	<b>4</b> Mailing Address (P.O. Box, Street, City, State, Country, ZIP Code)
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<b>5</b> Have you completed your A.S. or A.S. Degree? <input type="checkbox"/> YES <input type="checkbox"/> NO   MAJOR _____	<b>6</b> Date of Graduation	<b>7</b> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>8</b> Date of Birth (DD/MM/YYYY)	<b>9</b> Social Security Number	<b>10</b> Phone Number	<b>11</b> E-Mail Address
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**12** APPLYING FOR

Teacher Preparation    Others, please specify area of specialization \_\_\_\_\_

Related Services Assistant

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 Course Title)	CREDITS

IF YOU HAVE COMPLETED COURSES FROM ANY COLLEGE AND/OR UNIVERSITY, PLEASE HAVE YOUR OFFICIAL TRANSCRIPT SENT TO THE COM-FSM REGISTRAR

<b>13</b> Where do you wish to live? <input type="checkbox"/> Dormitory <input type="checkbox"/> Off Campus	<b>14</b> If you wish to live off-campus, list name and complete address of your sponsor
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WRITE A BRIEF STATEMENT AS TO WHY YOU WANT TO ENROLL IN THE COM-FSM THIRD YEAR PROGRAM

THE STATEMENT IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

**15** Applicant's (Signature over printed name) \_\_\_\_\_

Date \_\_\_\_\_

#### FOR ADMISSIONS AND RECORDS USE ONLY

Files Complete    YES    NO

Last Academic Term Attended \_\_\_\_\_

CumGPA \_\_\_\_\_ Credits Earned \_\_\_\_\_

REMARKS \_\_\_\_\_

Processed by (Initials) and Date Processed \_\_\_\_\_

#### FOR BUSINESS OFFICE USE ONLY

Applicant has outstanding balance    YES    NO

Amount \_\_\_\_\_ Campus \_\_\_\_\_

REMARKS \_\_\_\_\_

Processed by (Initials) and Date Processed \_\_\_\_\_