

Direction:

Please check all that apply

National Campus State Campus

- O Pohnpei State Campus
- O Chuuk State Campus
- O Yap State Campus
- O Kosrae State Campus
- O FSM Fisheries and Maritime Institute

INSTRUCTION FOR COMPLETING THIS APPLICATION

- Please print in ink or use a typewriter.
- Fill in all items. Where it is appropriate, write "Not Applicable."
- If you need more space for your response to an item, please continue that response on the back of the form. Indicate there the number of the items you are completing.
- Be sure to sign the form.
- Please refer to the Admissions Information in the Catalog for the description of the admissions procedures and regulations. Pay particular attention to those items, which each applicant must take care of before his/her application file is complete and the Admissions and Records Office of the National Campus can take action on it.
- Completed application form must be submitted with \$10.00 application to:

Admissions Board COLLEGE OF MICRONESIA-FSM P.O. Box 159 Kolonia, Pohnpei, FSM 96941

Accredited by the Western Association of Schools and Colleges

NATIONAL CAMPUS

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

POHNPEI CAMPUS

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

APPLICANT INFORMATION					
Name (Last Name, First Name, Middle Name)	2 ^{Date}				
3 Mailing Address (P.O. Box, Street, City, State	4 Phone Nu	umber			
5 Sex Female	Date of Birth (MM/DD/YYYY)	7 Place of B	Birth		
8 Citizenship		Single Married, Name of Spouse			
10 ^{FSM} Social Security Number	11 U.S. Social Security Numb	12 ^N	lo. of Dependents, if any		
	FAMILY INFORMATION	ON			
13 Father's Name (Last Name, First Name, N		14 Occupa	ation		
15 Mother's Name (Last Name, First Name, I		16 Occupation			
17 Name and Address of Person to Con Emergency (include Phone Number)		Relationship Parent Legal Guardian Other			
A	CADEMIC INFORMAT	TION	·		
19 High School from which graduated of	or will be graduated	20 Date	Graduated		
Have you ever previously attended any institution to earn college credits using another name?	Name of Institution What Name is used	is "Yes"			
Yes No	in the Transcript?				
LIST CHRONOLOGICAL ORDER AL	<u> </u>		•		
Name of Institution	Address	Date Attended	Degree/Certificate		
	OTHERS				
	OTHERS				
23 Check the Admission Status for whi expect to qualify			Summer		
High School Graduate	Degree and/o	r Program Sought			
GED/High School Equivalent	25	25 Degree and/or Program Sought			
College Transfer		Associate of Arts Certficate of Achievement Associate of Science FSM_EMI_Program			
B Full-Time		Associate of Science FSM FMI Program Associate of Applied Science Third Year Certificate of Achievement			
	Third Year Ce	rtificate of Achievement			

26Proposed Major		Majors		
Second Choice Third Choice	 ▶ Liberal A ▶ Teacher ▶ Media SI ▶ Liberal A Program ▶ Microne 	Preparation udies ırts/Health Career Opportunity ı sian Studies	► Computer Information Systems ► Hotel and Restaurant	
Phave you any physical handicap or health problem? Yes No If, YES, please explain:	Achie Account General Teacher Related 3. Certif Agricult Bookee Health General Hotel a Law En Pre-Sche Secretar Building	Business Preparation Services Assistant icates of Achievement ure/Food Technology bing	Management Teacher Education-Elemetary 6. Associate of Applied Science Building Technology Electronic Technology Telecommunications Trial Counselors Career Education Construction Electricity Carpentry Cabinet Making/Furniture Making Masonry Plumbing Refrigeration and Airconditioning Electronic Engineering Technology	
List the two positions you have had held and the number of year experience you have had at each position				
Employer	Address	Position Titles (Last	2) Date of Employment	
I certify that: All of the information provided in this application is correct; that I have read the instructions provided in this application. I understand that the Admission Fee is not refundable once this application is submitted.				
28 Applicant's Signature over Printed N		29 Date ND RECORDS	USE ONLY	
Application	High School GPA		COM-FSM Test Scores	
Application Fee Acceptance Letter High School Transcriot	College GPA REMARKS		Date Test Taken Place Taken	
College Transcript Health Clearance Dormitory Application Dormitory Fee			Structure Reading Essay	
Actions	Initial	Date	REASONS, if denied Admissions	
Admit as First Year Student				
Admit as Early Admissions Student				
Admit as Transfer Student				
Provisional Admittance				
Denied Admissions				
RECORDED BY JOB TITLE DATE RECORDED				