| COLLEGE OF MICRONESIA-FS<br>Office of Admissions and Records<br>www.comfsm.fm<br>Accredited by the Western Association of Schools and Colleges (WAS             | P.O. Box 614 P.O. Box 37 P.O. Box 36 P.O. | AP CAMPUS<br>D. Box 286<br>slonia, Yap, FSM 96943<br>one: (691) 350-2296<br>SM FMI<br>D. Box 1056<br>slonia, Yap, FSM 96943<br>one: 350-5244 |
|---|---|--|
| APPLICATION FC           1           Name (Last Name, First Name, Middle Name)  | 2 Date  |  |
| <b>3</b> Address (P.O. Box, Street, City, State, Country, ZIP Code)   | 4 Date of Birth (MM/DD/YYYY) 5 <sup>sex</sup>   | Male Female  |
| 6 Date of Birth (MM/DD/YYYY) 7 Social Security Number   | 8 Phone Number 9 E-Mail   | Address  |
| I HEREBY MAKE APPLICATION FOR THE Associate of Arts Associate of Science Associate of Applied Science 3rd Certificate of Achievement Certificate of Achievement |   |  |
| Major/Area of Specialization (Donot abbreviate)         I compare to graduate by the end of         I student (Signature over printed name)                     |   |  |
| <b>10</b> I expect to graduate by the end of<br>Spring Summer Fall Year   |   | Date   |
| FOR ADMISSIONS AND RECORDS USE ONLY<br>The above named student is recommended   |   |  |
| Associate of Arts       Associate of Applied Science       Certificate of Achievement         Associate of Science       3rd Certificate of Achievement         |   |  |
| Degree or Certificate to be conferred   | Date to be conferred (  | MM/DD/YYYY)  |
| RECOMMENDED for the A.A., A.S., A.A.S. Degree/Certificate of<br>Achievement upon successful completion of the following<br>requirements:                        | Registrar, Admissions and Records   |  |
|   | Date Coordinator, Admissions and Records  |  |
|   |   | Date<br>Form No.6 (Rev. 1/3/2005)  |