

www.comfsm.fm



Application for **Admission**



National Campus

P.O. Box 159
Palikir, Pohnpei FM 96941
☎ (691) 320-2480

Career and Technical Education Center

P.O. Box 614
Kolonia, Pohnpei FM 96941
☎ (691) 320-1065

Chuuk Campus

P.O. Box 879
Weno, Chuuk FM 96942
☎ (691) 330-2689

Kosrae Campus

P.O. Box 37
Tofol, Kosrae FM 96944
☎ (691) 370-3191

Yap Campus

P.O. Box 286
Colonia, Yap FM 96943
☎ (691) 350-2296

ACCREDITATION

The College of Micronesia-FSM is accredited by the Accrediting Commission for Community and Junior College, Western Association of Schools and Colleges, an institutional accrediting body recognized by the Council for Higher Education Accreditation and the U.S. Department of Education.

SECTION A (ENROLLMENT/APPLICATION INFORMATION)

1. This is application for admission to

- National Campus Chuuk Campus Career and Technical Education Center-Pohnpei
 Kosrae Campus Yap Campus

Check one term only

- Summer Session Fall Semester Spring Semester

Academic Year

2. Legal Name, *please type or print*

Last Name

Suffix, e.g., Jr., Sr.

First Name

Middle Name

3. Other Name(s) that may appear on your academic records

Last Name

First Name

Middle Name

4. Mailing Address

P.O. Box No.

Street, City, State

ZIP Code

Country, if not FSM

International Postal Code

5. Primary Telephone

6. Mobile Phone

6. Email Address

SECTION B (PERSONAL/APPLICANT INFORMATION)

8. Birthdate

Month

Day

Year

9. Sex

- Male
 Female

10. U.S. Social Security Number, *if any*

11. FSM Social Security Number

12. Civil Status, check one

- Single Divorced Separated Widowed Married

13. If married, Name of Spouse

Occupation

15. Father's Name

Occupation

16. Mother's Name

Occupation

17. Name of Person to Contact in Case of Emergency

Relationship

Phone

SECTION C (DEMOGRAPHIC INFORMATION)

18. Ethnicity

- Asian
 White
 Native Indian or Alaska Native
 Hispanic or Latino
 Native Hawaiian or Other Pacific Islander

19. State of Origin

- Pohnpei
 Chuuk
 Kosrae
 Yap
 Others, please specify

NONDISCRIMINATORY POLICY

The College of Micronesia-FSM (COM-FSM) complies with Title VI of the Civil Rights Act of 1964, sections 504 and 508 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and Title IX of the Education Amendments of 1972.

The college does not discriminate on the basis of race, color, ethnicity, national origin, age, religion, veteran status, disability, sex, gender, gender identity or sexual orientation in its programs and activities, including admission and access.

SECTION D (FAMILY EDUCATION, INCOME, AND SIZE INFORMATION)

20. Total Annual Family Income and Family Size (Optional).

Under the federal regulations, you are considered a dependent student if you are under 24 years unless you are a graduate student, are married or have dependents other than a spouse, are a foster youth, orphan, or ward of the court, or are a veteran or active duty member of the U.S. armed services.

If dependent, estimate parents' prior year total annual income and enter in box; and indicate family size including your parents, yourself, and other dependents. If independent, estimate the total annual income for you (and your spouse, if married) and enter in box; and indicate your family size including yourself, spouse, and other dependents.

Dependent Student Only

Estimated Total Annual Family Income \$ Family Size

Independent Student Only

Estimated Total Annual Family Income \$ Family Size

21. What are your parent's highest level of formal education (Optional). Father Mother

- | | | | |
|----------------------|------------------|-----------------------------|------------------|
| [1] No High school | [3] High school | [5] 2-Year College Graduate | [7] Postgraduate |
| [2] Some High School | [4] Some College | [6] 4-Year College Graduate | |

SECTION E (PROGRAM OBJECTIVE)

22. What is your program objective? Enter code in box

- | | | | |
|----------------------------------|---|--------------------------|-----------------------|
| [0] None | [1] Certificate of Achievement | [2] Associate of Science | [3] Associate of Arts |
| [4] Associate of Applied Science | [5] Third-Year Certificate of Achievement | | |

23. Name of Intended Major **Major Code**

24. Alternate Major (Optional) **Alternate Major Code**

Major Codes

CODES Certificate of Achievement

AFT Agriculture and Food Technology
 BK Bookkeeping
 CHS Community Health Science
 BPH Public Health
 NUA Nursing Assistant
 SS Secretarial Science
 TC Trial Counselors
 EET Electronic Engineering Technology
 TT Telecommunication Technology, *Advanced Certificate*
 ET Electronics Technology, *Advanced Certificate*
 CE Construction Electricity
 BT Building Technology-Construction Electricity, *Advanced Certificate*
 CA Carpentry

CM Cabinet Making
RAC Refrigeration and Air Conditioning
BMR Building Maintenance and Repair
MVM Motor Vehicle Mechanics
MAS Masonry
PL Plumbing

CODES Associate of Science

ANRM Agriculture and Natural Resource Management
 BU Business Administration
 CIS Computer Information Systems
 HTM Hospitality and Tourism Management
 MRSCI Marine Science
 NU-RN Nursing-Registered Nurse
 NU-PN Nursing-Practicing Nurse
 PH Public Health

CODES Associate of Arts

LA Liberal Arts
 HCOP Health Career Opportunity Program
 MICST Micronesian Studies
 TP Pre-Teacher Preparation

CODES Associate of Applied Science

TC Telecommunication
 ET Electronics Technology
 BT Building Technology

CODES Third-Year Certificate

AC Accounting
 GBU General Business
 PH Public Health
 TPE Teacher Preparation-Elementary

SECTION F (HIGH SCHOOL AND COLLEGE ATTENDANCE)

25. High School attended

Mailing Address

P.O. Box No. Street, City, State ZIP Code

Graduation Date **GED Date, if applicable**

Month Day Year Month Day Year

Cumulative Grade Point Average
 As measured on a 4.0 scale

If applicable **GED Scores**

<input style="width: 50px;" type="text"/>	Social Studies
<input style="width: 50px;" type="text"/>	Science
<input style="width: 50px;" type="text"/>	Language Arts, Reading
<input style="width: 50px;" type="text"/>	Mathematics
<input style="width: 50px;" type="text"/>	Language Arts, Writing

Admission to the College of Micronesia-FSM requires a minimum high school grade point average of 2.0 as measured on a 4.0 scale, or a minimal score of 35 on each section and an average score of 45 for all five sections of the GED Test.

Applicants must request that all official high school transcripts or GED scores be sent directly to:

Office of Admissions, Records and Retention
 COLLEGE OF MICRONESIA-FSM
 P.O. Box 159, Kolonia, Pohnpei FM 96941.

26. Print names and locations of all colleges and universities attended, even if no course work was completed. Begin with last institution attended. Attach a separate sheet if you need more space. In credits (or units) completed, exclude work in progress or planned.

All Institutions

College/University Name	Enrolled		Number of Credits/Units		Cumulative GPA	Degree Received	Degree Date
	Month/Year	Month/Year	Completed	Attempted			

SECTION G (TEST INFORMATION/REQUIREMENTS)

27. Entrance Test Scores and Placement

COMET Test Date

MM/DD/YYYY

COMET Test Venue

COMET Test (Raw Scores)

Essay

Reading Comprehension

Vocabulary

Math

Recommended Placement

- Degree Level
- Achieving College Excellence
- Certificate Level

Recommended Placement

English Writing

English Reading

Math

If applicable

American College Testing (ACT)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E	M	R	S	Composite	

Date
MM/DD/YYYY

Scholastic Aptitude Test

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Critical Reading	Mathematics	Total	SAT Writing Score		

Date
MM/DD/YYYY

TOEFL Score (with Essay)

Paper Form

Date
MM/DD/YYYY

TOEFL Score
IBT/Online taken after
September 2005

Date
MM/DD/YYYY

Other Tests

Test Name

Scores

Date

MM/DD/YYYY

SECTION H (CERTIFICATION)

To be read and signed by all applicants to certify the accuracy of the information provided

I certify under penalty of perjury under the laws of the Federated States of Micronesia that I have provided complete and accurate responses to all the items on this application. I further certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize the College of Micronesia-FSM to release any information submitted by me in this application for admission and any application for financial aid to any person, firm, corporation, association, or government agency to verify or explain the information I have provided to obtain other information necessary for my application for admission and any application for administration of financial aid in connection with any perjury proceedings. My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation or omission may be cause for denial or cancellation of admission, transfer credit, or enrollment.

Applicant's Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

Month

Day

Year

[FERPA] DIRECTORY INFORMATION WITHHOLD/RELEASE FORM

The items listed under the Directory Information may be released in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974 as amended. Directory Information includes: student's full-name, address, telephone listings, date and place of birth, major field of study, participation in officially recognized activities and sports, photographs, weight and height, dates of attendance, degrees and awards received, most recent or previous school attended, classification, and enrollment status. Under the provisions of FERPA, you have the right to withhold the disclosure of Director Information. Should you decide to withhold Directory Information, you may authorize at a later date on a transaction-by-transaction basis the release of Directory Information or you may cancel withhold Directory Information.

Please check one

- Release Directory Information.** I want my directory information to be released. I no longer wish to prevent the disclosure of my directory information and release COM-FSM from any responsibility to withhold open Directory Information from the date this form is signed.
- Withhold all Directory Information.**

Applicant's Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

Month

Day

Year

