



**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

Upon consultation with the advisor, the student has requested to add/or drop the following course(s). The change(s) shall become effective when all required signatures are obtained.

Spring  Summer  Fall

Year

**1** Name (Last Name, First Name, Middle Name)

**2** Campus or Site

**3** Date

<b>ADD</b>	COURSE NO.	COURSE TITLE	CREDITS	TIME	DAY	INSTRUCTOR

<b>DROP</b>	COURSE NO.	COURSE TITLE	CREDITS	TIME	DAY	INSTRUCTOR

**4** Student (Signature over printed name)

**5** Advisor (Signature over printed name)

Date

Date

RECORDED BY

JOB TITLE

DATE RECORDED

Form No. 1 (Rev. 1/3/2005)



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