

How to request for a transcript


The Office of Admissions, Records and Retention (OARR) maintains a transcript, or permanent record on all COM-FSM students. Recorded on the transcript are all courses taken, the credits earned and the grade awarded for each course. Transcripts are issued upon written requests only.

Each student is entitled to one transcript free of charge. A fee of \$4, paid in advance, is charged for each additional transcript requests. A transcript will not be issued until all financial and other obligations to the college have been met.

Procedure:

1. Obtain a Transcript Request Form from the Office of Admissions, Records and Retention or download the form from the college website

<http://www.comfsm.fm/oar/forms/transcript%20request%20from.pdf>

	COLLEGE OF MICRONESIA-FSM Office of Admissions, Records, and Retention www.comfsm.fm	<table style="width: 100%; font-size: small;"> <tr> <td>National Campus P.O. Box 159 Kolonía, Pohnpei FM 96941</td> <td>Chuuk Campus P.O. Box 879 Weno, Chuuk FM 96942</td> <td>Yap Campus P.O. Box 286 Kolonía, Yap FM 96943</td> </tr> <tr> <td>Pohnpei Campus P.O. Box 614 Kolonía, Pohnpei FM 96941</td> <td>Kosrae Campus P.O. Box 37 Tofol, Kosrae FM 96944</td> <td>FSM FM! P.O. Box 1056 Kolonía, Yap FM 96943</td> </tr> </table>	National Campus P.O. Box 159 Kolonía, Pohnpei FM 96941	Chuuk Campus P.O. Box 879 Weno, Chuuk FM 96942	Yap Campus P.O. Box 286 Kolonía, Yap FM 96943	Pohnpei Campus P.O. Box 614 Kolonía, Pohnpei FM 96941	Kosrae Campus P.O. Box 37 Tofol, Kosrae FM 96944	FSM FM! P.O. Box 1056 Kolonía, Yap FM 96943
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TRANSCRIPT REQUEST FORM Note: Monies owed to COM-FSM will cause a delay in processing this transcript								
Mail to Office of Admissions, Records and Retention College of Micronesia-FSM P.O. Box 159, Kolonía, Pohnpei FM 96941	Email to registrar@comfsm.fm Fax to (691) 320-2479							
NUMBER OF TRANSCRIPTS ORDERED		IDENTIFYING STUDENT INFORMATION						
<input type="checkbox"/> Unofficial _____ copies <input type="checkbox"/> Official _____ copies		Social Security Number _____ Date of Birth _____ Maiden or Other Last Names _____ Last Name First Name MI _____ Mailing Address (P.O. Box, Street, City, Country, ZIP Code) _____ Phone Email Address _____						
SEND (please check all that apply) <input type="checkbox"/> Now, please <input type="checkbox"/> At the END of _____ semester/summer <input type="checkbox"/> To more than one location (please use back of this form to list additional addresses)		Attendance at COM-FSM _____ Student required signature to release the transcript _____ Student (Signature over printed name) _____ Date _____						
PAYMENT OF FEES REQUIRED IN ADVANCE. Please indicate type of payment you enclosed with this request <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Others _____								
Under the FAMILY RIGHTS AND PRIVACY ACT OF 1974, this information is released to you on condition that you will not permit any other party to have access to such information without written permission of the student.								
Mail Transcript to (Please print complete address) _____								
FOR BUSINESS OFFICE USE ONLY								
Amount Received _____ National Campus Account _____ Remarks _____	Date Processed _____ State Campus Account _____ Processed by (Initials) _____							
COM-FSM Transcript Policy		Reason for the Request						
1. Transcripts are issued upon written request only. 2. Each student is entitled to one transcripts free of charge. 3. A fee of \$4.00 will be paid, in advance, for each additional transcript request. 4. Transcripts are processed within three days from the time the request is received by OARR National Campus, and after requests are cleared by the Business Office at COM-FSM National Campus.		<input type="checkbox"/> Admission to other colleges <input type="checkbox"/> Job application <input type="checkbox"/> Loan (Educational) <input type="checkbox"/> Scholarship Application <input type="checkbox"/> Military <input type="checkbox"/> Others, please specify _____						
FOR OFFICE OF ADMISSIONS, RECORDS AND RETENTION (OARR) USE ONLY								
Date/Hour Transcript Request Received _____ Date Transcript Processed _____ Transcript Processed by _____ Date Transcript Released _____	Remarks _____							
College of Micronesia-FSM is accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges, 10 Commercial Blvd., Suite 204, Novato, CA 94949, (415) 506-0234, an institutional accrediting body recognized by the Council for Higher Education Accreditation and the U.S. Department of Education.								

2. Complete the transcript request form and pay the transcript processing fee at the Business office.

COLLEGE OF MICRONESIA-FSM
Office of Admissions, Records, and Retention
www.comfsm.fm

TRANSCRIPT REQUEST FORM
Note: Monies owed to COM-FSM will cause a delay in processing this transcript.

Mail to: Office of Admissions, Records and Retention
College of Micronesia-FSM
P.O. Box 159, Kolonia, Pohnpei FM 96941

Email to: registrar@comfsm.fm
Fax to: (691) 320-0479

NUMBER OF TRANSCRIPTS ORDERED
 Unofficial _____ copies Official 1 copies

SEND (please check all that apply)
 Please, please
 At the END of _____ semester/summer
 To more than one location
(please use back of this form to list additional addresses)

PAYMENT OF FEES REQUIRED IN ADVANCE. Please indicate type of payment you enclosed with this request.
 Cash Check Others _____

Under the FAMILY RIGHTS AND PRIVACY ACT OF 1974, this information is released to you on condition that you will not permit any other party to have access to such information without written permission of the student.

Mail Transcript to (Please print complete address)
L.R. Restaurant & Catering Services
Honoring Registrar's Office
P.O. Box 888 Kolonia,
Pohnpei, FM 96941

IDENTIFYING STUDENT INFORMATION
Social Security Number: 012345678
Name: John S. 1992
Date of Birth: _____
Maiden or Other last Name: _____
Last Name: DOE First Name: JOHN MI: _____
Mailing Address (P.O. Box, Street, City, Country, ZIP Code):
P.O. Box 888 Kolonia, Pohnpei, FM 96941
Phone: (691) 320-8888 Email Address: johns@2@gmail.com
Attendance at COM-FSM: Fall 2009 to Spring 2011

Student required signature to release the transcript
John Doe
Student Signature (over printed name)
John S. 2010
Date

FOR BUSINESS OFFICE USE ONLY
Amount Received: 0 Date Processed: June 5, 2010
National Campus Account: 0 State Campus Account: 0
Remarks: 0 Processed by (initials): 0

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Reason for the Request
 Admission to other colleges
 Job application
 Loan (Educational)
 Scholarship Application
 Military
 Others, please specify _____

FOR OFFICE OF ADMISSIONS, RECORDS AND RETENTION (OARR) USE ONLY
Date/Time Transcript Request Received: _____
Date Transcript Processed: _____
Transcript Processed by: _____
Date Transcript Released: _____
Remarks: _____

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COLLEGE OF MICRONESIA-FSM
BUSINESS OFFICE
P.O. BOX 159
KOLONIA, POHNPEI FM 96941

GENERAL FUND Date: 6/28/16 NC- 47953

Received from: _____
Address: Pohnpei - Truani Dollars \$ 4

AMT OF ACCOUNT	CASH	
AMT PAID	CHECK	
BALANCE	NOTE/DEBIT CARD	

by: _____

3. Submit the Transcript request form and copy of receipt to the Office of Admissions, Records and Retention. Processing time normally is within two to three days from day of submission of request form.

