



COLLEGE OF MICRONESIA - FSM

P.O Box 159 , Kolonia, Pohnpei
Federated States of Micronesia 96941



Student Life

Phone: (691) 320-2480 ext. 162/163 Direct line: 320 2445 Fax: (691) 320-2479

RESIDENCE HALL APPLICATION

Please complete this form and submit it to the College of Micronesia -FSM. P.O box 159 Kolonia Pohnpei , FM 96941

Name _____
(Last) (First) (M.I)

Home Address: _____

Zip Code: _____ Date of Birth _____ Sex: _____

Social Security No: FSM _____ U.S _____

My College classification on entry (check one)

Freshman () Sophomore () Third Year () Transfer Student () Other ()

Marital Status: () Married () Citizenship : _____

Religious Affiliation: _____

Last High School Attended Name and Address _____

Last College Attended Name and Address _____

Father's Name _____ Mother's Name _____

Parents Address _____ Tel. No. _____

Spouse Name _____ Tel. No. _____

Spouse Address _____

Who, What influenced you to stay in the Residence Hall? _____

I Hereby certify that the above information is complete, true and correct to the best of my knowledge.

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

Submit this application with a Residence hall Deposit of \$50.00 to:

College of Mirconesia FSM
P.O. box 159 Kolonia, Pohnpei FM 96941

Date Paid _____ Receipt No. _____ Date Moved in _____