## COLLEGE OF IMCRONESIA FSIVI Office of Admissions and Records www.comfsm.fm

Accredited by the Western Association of Schools and Colleges (WASC)

APPLICATION FOR RE-ADMISSIONS				
Name (Last Name, First Name, Middle Na	- 2	Date		
	Fall Year	4 Campus or Site	5 Sex	Male Female
6 Mailing Address (RO. Box, Street, City, Sta		<b>7</b> Date	of Birth (MM/DD/YYYY)	
8 Social Security Number	9 Phone Number		10 E-Mail Address	
CHECK THE PROGRAMYOU PLAN TO FOLLOWIF YOU RETURN TO COMPSM				
Liberal Arts Teacher Preparation Business Administration Computer Information Systems Media Studies  Liberal Arts/HCOP Liberal Arts/HCOP Micronesian Studies General Agriculture Early Childhood Education  Teacher Education (State Campus Only) Marine Science Hotel and Restaurant Management (Pohnpei Campus Only)				
Associate of Applied Science, major in				
Certificate of Achievement in  Third Year Certificate of Achievement in				
1 1 Why did you leave COM-FSM?				
12 Why do you wish to return to COM-FSM?  13 What do you plan to do if you finish your degree at COM-FSM?				
1 4 Describe what activities you have been doing since you left COM-FSM? Example: Describe any job (s) you have had. List any College or other courses you have taken. Describe any travel you have taken outside your State?				
15 Where do you wish to live?    Dormitory   Off Campus   16   If you wish to live off-campus, list name and complete address of your sponsor				
To While at COM-FSM, you were provided with a round trip ticket to COM-FSM and back to your home sate. COM-FSM can provide only one ticket per student while attending COM-FSM. Therefore, you must provide your own transportation to and from COM-FSM.  Therefore, you must provide your own transportation to and from COM-FSM.				
when you return. Can you provide y and from COM-FSM?	your own transportation to	Amount	Campu	
Processed by (Initials) and Date Processed				
THE STATEMENT IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MYKNOWLEDGE				
All COM-FSM students must apply for PELL GRANT, mail your PELL GRANT APPLICATION FORM today to Federal Student Aid Program				
P.O. Box 4032 lowa City, lowa 52243 Date Pl	ELL GRANT APPLICATION maile	d		Date
RECORDED BY	JOB TITLE		DATE RECORDE	D
				Form No.10 (Bav. 1/3/2005)