



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 150
Palikir, Pohnpei, FSM 96941
Phone: (699) 320-2480

POHNPEI CAMPUS
P.O. Box 619
Kolonia, Pohnpei, FSM 96941
Phone: (699) 320-3750

CHUK CAMPUS
P.O. Box 875
Wano, Chuuk, FSM 96912
Phone: (687) 320-2609

KOSRAE CAMPUS
P.O. Box 37
Tofel, Kosrae, FSM 96999
Phone: (687) 370-6191

YAP CAMPUS
P.O. Box 286
Colonia, Yap, FSM 96913
Phone: (687) 320-2256

FSM FBI
P.O. Box 1026
Colonla, Yap, FSM 96913
Phone: 320-6214

APPLICATION FOR GRADUATION

1 Name (Last Name, First Name, Middle Name)		2 Date	
3 Address (P.O. Box, Street, City, State, Country, ZIP Code)		4 Date of Birth (MM/DD/YYYY)	5 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
6 Date of Birth (MM/DD/YYYY)	7 Social Security Number	8 Phone Number	9 E-Mail Address

I HEREBY MAKE APPLICATION FOR THE

- Associate of Arts
 Associate of Science
 Associate of Applied Science
 3rd Certificate of Achievement
 Certificate of Achievement

Major/Area of Specialization (Do not abbreviate)

10 I expect to graduate by the end of <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall _____ Year	11 Student (Signature over printed name) _____ Date _____
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FOR ADMISSIONS AND RECORDS USE ONLY

The above named student is recommended

- Associate of Arts
 Associate of Applied Science
 Certificate of Achievement
 Associate of Science
 3rd Certificate of Achievement

Degree or Certificate to be conferred	Date to be conferred (MM/DD/YYYY)
<input type="checkbox"/> RECOMMENDED for the A.A., A.S., A.A.S. Degree/Certificate of Achievement upon successful completion of the following requirements:	Registrar, Admissions and Records _____ Date _____
	Coordinator, Admissions and Records _____ Date _____