



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

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

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Phone: (699) 320-2480

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Phone: (699) 320-3792

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Phone: (699) 330-2489

KOSRAE CAMPUS
P.O. Box 37
Taka, Kosrae, FSM 96944
Phone: (699) 370-3191

YAP CAMPUS
P.O. Box 284
Colonis, Yap, FSM 96913
Phone: (699) 320-2216

FSM FMI
P.O. Box 1024
Colonis, Yap, FSM 96913
Phone: 320-2216

REQUEST TO REGISTER AFTER CLASSES BEGIN

INSTRUCTIONS: Students wanting to register after classes have begun should complete the top portion of this form and submit it with the supporting document(s) to either Vice Presidents. After the first Vice President makes his decision, this form should be forwarded to the other Vice President. After the second Vice President makes his decision, copies should be distributed as indicated below.

| | | | |
|--|---------------------------------|---|---|
| 1 Name (Last Name, First Name, Middle Name) | | 2 Date | |
| 3 For Academic Term <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall Year _____ | | 4 Campus or Site | 5 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 6 Mailing Address (R.O. Box, Street, City, State, Country, ZIP Code) | | 7 Citizenship <input type="checkbox"/> Micronesian <input type="checkbox"/> Others, specify _____ | |
| 8 Date of Birth (MM/DD/YYYY) | 9 Social Security Number | 10 Phone Number | |
| 11 E-Mail Address | 12 Major | 13 Status <input type="checkbox"/> New <input type="checkbox"/> Continuing <input type="checkbox"/> Returning | |

REASON(S) FOR REQUESTING TO REGISTER AFTER CLASSES BEGIN
Please attach document (s) that support your request

14 Student (Signature over printed name)

FOR OFFICE USE ONLY

| VICE PRESIDENT, Support and Student Affairs | VICE PRESIDENT, Instructional Affairs |
|--|--|
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED _____ Signature _____ Date | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED _____ Signature _____ Date |

RECORDED BY _____ JOB TITLE _____ DATE RECORDED _____