



COLLEGE OF MICRONESIA-FSM

P.O. Box 159, Kolonia, Pohnpei, FSM 96941
Phone: (691) 320-2480 Fax (691) 320-2479

DIVISION OF EDUCATION

THIRD YEAR APPLICATION FORM

1 Applicant's Name (Last Name, First Name, Middle Name)	2 Date of Application
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3 For Academic Term <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall Year _____	4 Mailing Address (P.O. Box, Street, City, State, Country, ZIP Code)
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5 Have you completed your A.S. or A.S. Degree? <input type="checkbox"/> YES <input type="checkbox"/> NO MAJOR _____	6 Date of Graduation	7 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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8 Date of Birth (DD/MM/YYYY)	9 Social Security Number	10 Phone Number	11 E-Mail Address
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12 APPLYING FOR <input type="checkbox"/> Teacher Preparation <input type="checkbox"/> Others, please specify area of specialization _____ <input type="checkbox"/> Related Services Assistant
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Indicate any College Education courses other than COMFSM Education Courses and/or Credits you have completed and/or earned (DO NOT LIST COMFSM COURSES)

COLLEGE	ADDRESS	EDUCATION COURSES (Course Number and Course Title)	CREDITS

IF YOU HAVE COMPLETED COURSES FROM ANY COLLEGE AND/OR UNIVERSITY, PLEASE HAVE YOUR OFFICIAL TRANSCRIPT SENT TO THE COM-FSM REGISTRAR

13 Where do you wish to live? <input type="checkbox"/> Dormitory <input type="checkbox"/> Off Campus	14 If you wish to live off-campus, list name and complete address of your sponsor
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WRITE A BRIEF STATEMENT AS TO WHY YOU WANT TO ENROLL IN THE COMFSM THIRD YEAR PROGRAM

THE STATEMENT IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

15 Applicant's (Signature over printed name)	_____ Date
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FOR ADMISSIONS AND RECORDS USE ONLY

Files Complete YES NO

Last Academic Term Attended _____

CumGPA _____ Credits Earned _____

REMARKS _____

Processed by (Initials) and Date Processed _____

FOR BUSINESS OFFICE USE ONLY

Applicant has outstanding balance YES NO

Amount _____ Campus _____

REMARKS _____

Processed by (Initials) and Date Processed _____