



COLLEGE OF MICRONESIA-FSM

P.O. Box 159, Kolonia, Pohnpei, FSM 96941
Phone: (691) 320-2480 Fax (691) 320-2479 E-mail: busadmin@comfsm.fm

BUSINESS DIVISION

Third Year Program in Accounting General Business 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 and Fax Numbers	11 E-Mail Address
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12 Citizenship <input type="checkbox"/> Micronesian <input type="checkbox"/> Others, specify _____	13 APPLYING FOR <input type="checkbox"/> Accounting <input type="checkbox"/> General Business
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14 Currently Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	15 If employed, current occupation	16 Name and Address of Current Employer
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If you are not a COMFSM graduate, please attach your transcript, or have one sent as early as possible to DIVISION OF BUSINESS, College of Micronesia-FSM, P.O. Box 159, Kolonia, Pohnpei, FSM 96941

12 Where do you wish to live? <input type="checkbox"/> Dormitory <input type="checkbox"/> Off Campus	13 If you wish to live off-campus, list name and complete address of your sponsor
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List any other courses you have completed at other Colleges or Universities beyond the A.S. degree and grades obtained. Transcripts from these institutions will be required.

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

14 From the list below, check the courses you have completed and passed with a "C" or higher grade
 Finance Microeconomics Macroeconomics Management Statistics Managerial Accounting Marketing

15 Admission Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	16 How do you plan to finance your 3rd Year Certificate Program? <input type="checkbox"/> Financial Aid <input type="checkbox"/> Family/Personal Savings <input type="checkbox"/> Others _____
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17 Upon completion of program, you plan to (please check the relevant boxes) <input type="checkbox"/> Transfer to a Four-Year Institution <input type="checkbox"/> Enter 4th Year program, if available at COM-FSM <input type="checkbox"/> Get an entry level job (my first full-time job) <input type="checkbox"/> Continue to work at the same place <input type="checkbox"/> Get a new job (at a place from where I currently work)	18 Do you have any physical handicap or major health problem? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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WRITE A BRIEF STATEMENT AS TO WHY YOU WANT TO ENROLL IN THE THIRD YEAR PROGRAM

THE STATEMENT IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE	19 Applicant's (Signature over printed name) _____ Date _____
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FOR ADMISSIONS AND RECORDS USE ONLY Files Complete <input type="checkbox"/> YES <input type="checkbox"/> NO Last Academic Term Attended _____ CumGPA _____ Credits Earned _____ REMARKS _____ Processed by (Initials) and Date Processed _____	FOR BUSINESS OFFICE USE ONLY Applicant has outstanding balance <input type="checkbox"/> YES <input type="checkbox"/> NO Amount _____ Campus _____ REMARKS _____ Processed by (Initials) and Date Processed _____
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