



COLLEGE OF MORONESI 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
Taliak, Pohnpei, FSM 96941
Phone: (691) 320-2480

POHNPEI CAMPUS
P.O. Box 419
Kolonia, Pohnpei, FSM 96941
Phone: (691) 320-3792

CHUKI CAMPUS
P.O. Box 879
Wlene, Chuuk, FSM 96942
Phone: (691) 320-2487

KORORAE CAMPUS
P.O. Box 37
Tofel Koror, FSM 96944
Phone: (691) 370-3191

YAP CAMPUS
P.O. Box 216
Kolonia, Yap, FSM 96943
Phone: (691) 320-2276

FSM FBI
P.O. Box 1024
Kolonia, Yap, FSM 96943
Phone: 320-0296

WITHDRAWAL FROM COM-FSM CLEARANCE

1 Name (Last Name, First Name, Middle Name)		2 Date	
3 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 (P.O. Box, Street, City, State, Country, ZIP Code)		7 Date of Birth (MM/DD/YYYY)	8 Social Security Number
9 Phone Number	10 E-Mail Address	11 Degree or Certificate Program (A.A., A.S., A.A.S., 3rd Certificate of Achievement or Certificate of Achievement)	
12 Major or Area of Specialization		13 Academic Advisor	14 Withdrawal Date (MM/DD/YYYY)

PLEASE CHECK ONE OR MORE OF THE FOLLOWING REASONS FOR WITHDRAWING FROM COM/FSM

<input type="checkbox"/> Academic Difficulty	<input type="checkbox"/> Disciplinary	<input type="checkbox"/> Financial Difficulty	<input type="checkbox"/> Medical Reason	<input type="checkbox"/> Excessive Absences	<input type="checkbox"/> Graduation
<input type="checkbox"/> Transfer, please indicate name and address of school					
<input type="checkbox"/> Employment, please indicate name and address of employer					
<input type="checkbox"/> Personal or other reasons					

FOR STAFF USE ONLY

Staff, please sign this sheet if this student has cleared with you, returned all textbooks, materials, etc. If there are still outstanding obligations, please make a note to indicate the unmet obligation.

OFFICES	SIGNATURE	DATE	REMARKS
Learning Resources Center			
MITC			
Dormitory			
Bookstore			
Financial Aid Office			
Guidance Counselor			
Business Office			
Admissions and Records			

PLEASE READ AND UNDERSTAND THE LEAVE OF ABSENCE POLICY BELOW, SIGN THE READMISSION STATEMENT, AND RETURN THIS FORM TO THE OFFICE OF ADMISSIONS AND RECORDS

LEAVE OF ABSENCE POLICY

"Third Year and Degree students taking a LEAVE OF ABSENCE the College are to comply with the procedure outlined in this policy. Students who are absent from school for one academic year (two consecutive semesters plus summer) must apply for re-admissions"

RE-ADMISSION STATEMENT

I understand that if I don't return after one academic year, I have to apply for re-admission prior to returning.

15 Student (Signature over printed name)

_____ Date

RECORDED BY _____	JOB TITLE _____	DATE RECORDED _____	
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