www.comfsm.fm



#### **Contact Us**

#### **National Campus**

P.O. Box 159
Palikir, Pohnpei FM 96941
(691) 320-2480

#### **Career and Technical Education Center**

(Formerly Pohnpei Campus) Kolonia, Pohnpei FM 96941 (591) 320-1065 | (691) 320-3795

#### **Chuuk Campus**

P.O. Box 879 Weno, Chuuk FM 96942 (691) 330-2689

#### **Kosrae Campus**

P.O. Box 37 Tofol, Kosrae FM 96944 (691) 370-3191

#### **Yap Campus**

P.O. Box 286 Colonia, Yap FM 96943 (691) 350-2296

#### **ACCREDITATION**

The College of Micronesia-FSM is accredited by the Accrediting Commission for Community and Junior Colleges (ACCJC), Western Association of Schools and Colleges (WASC), an institutional accrediting body recognized by the Council for Higher Education Accreditation and the US Department of Education.

## Application for

# ADMISSION













## Application Procedure for Incoming First-Time College Students

- Complete the APPLICATION FOR ADMISSION. Please print or type neatly in black ink. Answer questions completely on all pages of the application.
- Request your high school transcript be sent directly to COM-FSM Office of Admissions, Records and Retention.
- Submit or mail completed APPLICATION FOR ADMISSION and \$10.00 admission for to:

Office of Admissions, Records & Retention College of Micronesia-FSM P.O. Box 159 Kolonia, Pohnpei FM 96941

or any COM-FSM state campus, see Contact Us.

 Complete the Free Application for Federal Student Aid (FAFSA) and either submit it to Financial Aid Office, College of Micronesia-FSM, P.O. Box 159, Kolonia, Pohnpei FM 96941 or mail it directly to:

> Federal Student Aid Program P.O. Box 4691 Mt. Vermont, IL 62864-0059

Note that online FAFSA is also available as an option.

## Application Procedure for Transfer Students

- Complete the APPLICATION FOR ADMISSION. Please print or type neatly in black ink. Answer questions completely on all pages of the application.
- Request your official transcripts from all colleges or universities attended mailed to Admissions, Records and Retention.
- Submit or mail completed APPLICATION FOR ADMISSION and \$10.00 admission fee to:

Office of Admissions, Records & Retention College of Micronesia-FSM P.O. Box 159 Kolonia, Pohnpei FM 96941

or any COM-FSM state campus, see Contact Us.

 Complete the Free Application for Federal Student Aid (FAFSA) or FAFSA renewal and either submit it to Financial Aid Office, College of Micronesia-FSM, P.O. Box 159, Kolonia, Pohnpei FM 96941 or mail it directly to:

> Federal Student Aid Program P.O. Box 4691 Mt. Vermont, IL 62864-0059

Note that online FAFSA is also available as an option.

	CECTION A. Elliolitic	nt or Application Information					
1. This is an application for adn	nission to						
•	huuk Campus	nical Education Center, formerly Pohnpei Campus					
Check the term only							
☐ Fall Semester ☐ S	pring Semester	Academic Year					
	Transfer Student A student who is or has previo another college or university for courses since graduating from	or one or more Enrollment Program for High School Students. high school.  ollege; (b) student from another college or university taking credit courses at COM-FSM					
		only. Please refer to your COM-FSM notice of admission.					
′	,	Achieving College Excellence, Level 2					
4. Legal name, please type or pri	int						
Last or family name	First or give name	n   Middle   Name					
5. Other names (s) that may app	pear on your academic records						
Last or family name	First or give	n Middle Name					
6. Mailing address							
P.O. Box No., street, city or town, state		ZIP Code					
If not FSM,		International					
country		Postal Code					
7. Primary contact phone	8	. Mobile phone					
9. Primary Emal address		10. Alternate Email address					
SECTION B. Personal or Applicant Information							
	SECTION B. Persona	Il or Applicant Information					
11. Birthdate, month, day, year	SECTION B. Persona	12. Sex Male 13. Civil status, Single Married					
<ul><li>11. Birthdate, month, day, year</li><li>14. FSM Social Security Number</li></ul>		Male Cinale Manied					
	er	12. Sex  Male  Single  Married  Divorced  Separat					
14. FSM Social Security Number	er	12. Sex Male   13. Civil status, check one   Single   Married   Divorced   Separat   Widowed   Separat					
<ul><li>14. FSM Social Security Number</li><li>15. US Social Security Number</li></ul>	er	12. Sex Male check one Single Married Separat Widowed  16. Citizenship Non-FSM state citizenship					
<ul><li>14. FSM Social Security Number</li><li>15. US Social Security Number,</li><li>17. If married, name of spouse</li></ul>	er	12. Sex Male 13. Civil status, Divorced Separat Widowed  16. Citizenship FSM If non-FSM, State citizenship  18. Occupation					
<ul><li>14. FSM Social Security Number</li><li>15. US Social Security Number</li><li>17. If married, name of spouse</li><li>19. Father's name</li></ul>	if any	12. Sex Male check one Divorced Separat  16. Citizenship FSM If non-FSM, state citizenship  18. Occupation  20. Occupation					
<ul> <li>14. FSM Social Security Number,</li> <li>15. US Social Security Number,</li> <li>17. If married, name of spouse</li> <li>19. Father's name</li> <li>21. Mother's name</li> <li>23. Name of person to contact</li> </ul>	in case of emergency	12. Sex   Male   13. Civil status,   Divorced   Separat   Separat   Divorced   Separat   Separat   Midowed   Separat   Separat   Midowed   Separat   Separat   Midowed   Separat   Separat					
<ul><li>14. FSM Social Security Number</li><li>15. US Social Security Number</li><li>17. If married, name of spouse</li><li>19. Father's name</li><li>21. Mother's name</li></ul>	if any	12. Sex   Male   13. Civil status,   Divorced   Separat   Separat   Divorced   Separat   Separat   Midowed   Separat   Separat   Midowed   Separat   Separat   Midowed   Separat   Separat					
<ul> <li>14. FSM Social Security Number,</li> <li>15. US Social Security Number,</li> <li>17. If married, name of spouse</li> <li>19. Father's name</li> <li>21. Mother's name</li> <li>23. Name of person to contact</li> <li>Relationship</li> </ul>	in case of emergency	12. Sex   Male   13. Civil status,   Divorced   Separat   Separat   Divorced   Separat   Separat   Midowed   Separat   Separat   Midowed   Separat   Separat   Midowed   Separat   Separat					
<ul> <li>14. FSM Social Security Number</li> <li>15. US Social Security Number</li> <li>17. If married, name of spouse</li> <li>19. Father's name</li> <li>21. Mother's name</li> <li>23. Name of person to contact</li> <li>Relationship</li> </ul> SECTION C. De	in case of emergency  Contact	12. Sex   Male   13. Civil status,   Divorced   Separat					
<ul> <li>14. FSM Social Security Number,</li> <li>15. US Social Security Number,</li> <li>17. If married, name of spouse</li> <li>19. Father's name</li> <li>21. Mother's name</li> <li>23. Name of person to contact</li> <li>Relationship</li> </ul>	in case of emergency  Contact	12. Sex   Male   13. Civil status,   Divorced   Separat					
14. FSM Social Security Number, 15. US Social Security Number, 17. If married, name of spouse 19. Father's name 21. Mother's name 23. Name of person to contact Relationship  SECTION C. De  24. Ethnicity,	in case of emergency  Contact  mographic Information	12. Sex   Male   13. Civil status,   Divorced   Separat					
14. FSM Social Security Number,  15. US Social Security Number,  17. If married, name of spouse  19. Father's name  21. Mother's name  23. Name of person to contact  Relationship  SECTION C. De  24. Ethnicity,  Asian  White  Native Indian  Hispanic or L	in case of emergency  Contact  mographic Information	12. Sex   Male   Female   13. Civil status,   Divorced   Separat   Divorced   Separat   Midowed   Midowed   Midowed   Separat   Midowed   Midowed					
14. FSM Social Security Number,  15. US Social Security Number,  17. If married, name of spouse  19. Father's name  21. Mother's name  23. Name of person to contact  Relationship  SECTION C. De  24. Ethnicity,	in case of emergency  Contact  mographic Information	12. Sex   Male   Female   13. Civil status,   Divorced   Separat   Divorced   Separat   Midowed   Midowed					
14. FSM Social Security Number,  15. US Social Security Number,  17. If married, name of spouse  19. Father's name  21. Mother's name  23. Name of person to contact  Relationship  SECTION C. De  24. Ethnicity, Asian Check one White Native Indian Hispanic or L Native Hawai  25. State of Pohnpei Origin, check Chuuk	in case of emergency  Contact  mographic Information	12. Sex    Male    13. Civil status,					
14. FSM Social Security Number,  15. US Social Security Number,  17. If married, name of spouse  19. Father's name  21. Mother's name  23. Name of person to contact  Relationship  SECTION C. De  24. Ethnicity, Asian White Native Indian Hispanic or L Native Hawai  25. State of Pohnpei Origin, check one Chuuk One Chuuk Kosrae	in case of emergency  Contact  mographic Information	12. Sex    Male    13. Civil status,					
14. FSM Social Security Number,  15. US Social Security Number,  17. If married, name of spouse  19. Father's name  21. Mother's name  23. Name of person to contact  Relationship  SECTION C. De  24. Ethnicity, Asian Check one White Native Indian Hispanic or L Native Hawai  25. State of Pohnpei Origin, check Chuuk	in case of emergency  Contact  mographic Information  or Alaska Native atino 'ian or other Pacific Islanders	12. Sex    Male    13. Civil status,					

	SECTION D. Fam	ily, Education,	Income, and S	Size Informa	ation		
6. Total annual family income and fam Under US Federal regulations, you are c have dependents other than a spouse; (	onsidered a dependen						
If dependent, estimate parents' prior year dependents. If independent, estimate the including yourself, spouse and other dependents.	r total annual income e total annual income	and enter in box	below, and indica	te family size	including you	r parents, yourself, ar	d other
Dependent student only Estimated total annual family income	\$			Family size	•		
Independent student only Estimated total annual family income	<b>\$</b>			Family size	•		
7. What are your parents' highest leve	l of formal education	<b>n,</b> enter in the b	oox the numerical	l code below	/ Father	Mother	
[1] No formal education [4] Some [2] Some elementary [5] High [6] Some	high school school graduate college	[8] Four-year co	llege graduate, e.g. bllege graduate, e.g. gree, e.g., Master's	., BS, BS	egree [10] P	ostgraduate degree, e.	g., Doctorate
	SE	CTION E. Pro	gram Objective	9			
9. What is your program objective? E	nter program nume	rical code in bo	ox				
[0] None [1] Certificate of Achievement	[2] Associate of Sci [3] Associate of Art		Associate of Appli Third-Year Certific		rement	[6] Bachelor	
0. Name of intended major					Major	Code	
1. Alternate Major, optional					Major	Code	
		MAJOR	CODES				
BSELED Elementary Education  CODES Third-Year Certificate [5] AC Accounting GBU General Business TPE Teacher Preparation-Elementary Public Health  CODES Associate of Applied Science TC Telecommunication Technology ET Electronics Technology BT Building Technology	ANRM Agriculture and Natural Resource Ance [4] Agriculture and Natural Resource Management Analysis of the Individual State of Science [2]		Addies sparation  Science [2]  Natural Resource sistration mation Systems  Tourism Managementered Nurse	EET Electronics Engineering Technology MVM Motor Vehicle Mechanics NUA Nursing Assistant			Repair  -Health  flaking  hnology
	SECTION F. High	School and Co	ollege or Unive	rsity Attenc	lance		
2. High school attended			33. A	ddress			
I. Graduation date		35. Cumulativ	ve Grade Point A on 4.0 scale	Average			
. If applicable, General Educational Development (GED) scores	Social Studies Science		Language Arts, Reading Mathematics			Language Arts, Writing	
7. If applicable, print names and location stitution attended. Attached a separa	ons of all colleges a						
College/University Name	Enro Month/Year	Enrolled  Month/Year Month/Year		Number of credits (or units)  Attempted Earned		Degree received	Degree date
	Monul Teal	Monal/ Ical	Attempted	Larried			

### **SECTION G.** Test Information/Requirements

38. COM-FSM Entra	nce Test (Co	OMET) scores	and placement				
COMET date, r	mm/dd/yy	COMET, raw	scores	Recommen	ded Placement	Prog	ram Placement
		Essay	,	English writing		O	Degree Level, AA, AS, AAS
COMET venue, s	school code	Reading		English Reading		O	Achieving College Excellence, Level 2
		Vocabulan		Math		0	Achieving College Excellence, Level 1
		Vocabulary		Watti		0	Certificate Level, CA
		Math					
If applicable							
American Col	llege Testing	(ACT)					
			E M	R	S Com	posite	Test date, mm/dd/yy
Scholastic Ap	otitude Test	(SAT)					
		Cri	tical Reading	Mathematics	Total	SAT Writi	ng Score Test date, mm/dd/yy
TOEFL Score	, with essay			TOE	FL Score		
		Paper Form	Test date, mn		nline taken after ember 2005		Test date, mm/dd/yy
Other Tests		<u> </u>					
0			Took Name			Test Score	Test date, mm/dd/yy
			Test Name			Test Score	lost date, minidary)
		<b>.</b>		CTION H. Certification and to certify the accura			
to obtain other information perjury proceedings omission may be careful.	rmation necess. My signatuause for deni	essary for my a ure certifies the	pplication for admi accuracy and con	ssion and any applica	tion for administmation provided nent.	tration of fi	in the information I have provided nancial aid in connection with any and that any misrepresentation or
Applicant's signa	ture				Date, mm	/dd/yy	
		[FERP	A]. Directory Info	ormation Withholding	g/Release Forr	n	
Pursuant to the Family student information de (COM-FSM) as Direct student's prior written FERPA, you have the Directory Information.	esignated by ory Informati consent to right to inst If you instr	the College of on may be re anyone for an ruct COM-FSM uct COM-FSM	of Micronesia-FSM eleased without a y purpose. Under to withhold your to withhold your	I hereby instruction prevent the disconsequences of	isclosure of my of doing so.	withhold of directory	tion my directory information. I want to information, and I understand the
Directory Information, ( non-COM-FSM individu	als or organi	zations for your	information unless	Signature			Date
COM-FSM is legally federal, state, and local valid subpoena. Your internally by authorized of the Science Science Science Company is seen as the second state of the s	authorities of Directory In COM-FSM er	r in response to formation will somployees.	a judicial order or still be accessible	I wanted my dir disclosure of responsibility to	my directory in	n to be rele nformation	on  assed. I no longer wish to prevent the and release COM-FSM from any nformation from the date this form is
BEFORE SIGNING THIS withholding your Director			oursequences of	signed.			
The following information		lesignated by C	OM-FSM as COM-	` '			Date
Student name Mailing address Major field of stu Participation in a Dates of attenda Degree(s), certifi Most recent edu Enrollment statu Expected gradua	an official collance cate(s), honor cational instit s (full-time, p.	(s) and award(s) ution attended	received	The Colleg higher edu States of N	COM-FSI ge of Micronesi cation that is c Micronesia by p al programs cha	M MISSIC a-FSM is ommitted providing a	a learner-centered institution of to the success of the Federated academic and career & technical by continuous improvement and

Photographic representation of the student

 $\hfill\Box$  College-issued email address, e.g., johndoe@comfsm.fm