



COLLEGE OF MICRONESIA - FSM

Office of Admissions, Records and Retention

www.comfsm.fm

Accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges, an institutional accrediting body recognized by the Council of Higher Education Accreditation and the U.S. Department of Education.

NATIONAL CAMPUS
P.O. Box 159
Paliikir, Pohnpei, FSM 96941
Phone: (691) 320-2480

CAREER & TECHNICAL EDUC. CENTER
P.O. Box 614
Kolonia, Pohnpei, FSM 96941
Phone: (691) 320-3795

CHUUK CAMPUS
P.O. Box 879
Weno, Chuuk, FSM 96942
Phone: (691) 330-2689

KOSRAE CAMPUS
P.O. Box 37
Tofof, Kosrae, FSM 96944
Phone: (691) 370-3191

YAP CAMPUS
P.O. Box 286
Kolonia, Yap, FSM 96943
Phone: (691) 350-2296

FSM FMI
P.O. Box 1056
Kolonia, Yap, FSM 96943
Phone: (691) 350-5244

APPLICATION FOR GRADUATION

Steps:

- 1 Complete this form if you are applying for graduation
- 2 Sign and submit the completed form to the Office of Admissions, Records & Retention

PERSONAL IDENTIFICATION

1 Name (Last Name, First Name, Middle Initial)	2 Campus or Site <input type="checkbox"/> CTEC <input type="checkbox"/> Chuuk <input type="checkbox"/> FMI <input type="checkbox"/> Kosrae <input type="checkbox"/> National <input type="checkbox"/> Yap	3 Date
4 Mailing Address (P.O. Box, Stree, City, State, Country, Zip Code)	5 Date of Birth (MM/DD/YYYY)	6 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
7 E-mail Address	8 Phone Number	9 Social Security Number

Please check the box of the degree or certificate you expecting to graduate from

Bachelor of Science Degree

Elementary Education

Third Year Certificate of Achievement

Accounting

General Business

Public Health

Teacher Preparation-Elementary

Associate of Arts Degree

Health Career Opportunity Program

Liberal Arts

Micronesian Studies

Pre-Teacher Preparation

Associate of Science Degree

Agriculture & Natural Resources Mgmt.

Business Administration

Computer Information Systems

Marine Science

Nursing

Public Health

Hospitality & Tourism Management

Associate of Applied Science Degree

Building Technology

Electronics Technology

Telecommunication Technology

Certificate of Achievement

Agriculture and Food Technology

Bookkeeping

Cabinet Making

Career Education: Motor Vehicle Mechanics

Carpentry

Community Health Services

Construction Electricity

Electronic Engineering Technology

Nursing Assistant

Public Health

Refrigeration and Air Conditioning

Trial Counselor

Other Degree/Certificate Not Mentioned Above

(Please specify)

I expect to graduate by the end of

Spring

Summer

Fall

_____ Year

Student Signature

_____ Date

FOR OFFICE OF ADMISSIONS, RECORDS & RETENTION USE ONLY

The above named student is recommended for graduation upon successful completion of his/her program requirements.

_____ Date of conferral of Degree/Certificate

The above named student is NOT recommended for graduation
(Please write the the reason below)

Notes:

Registrar's Signature

_____ Date

PROCESSED BY

JOB TITLE

DATE PROCESSED