COLLEGE OF MICRONESIA - FSM

P.O. Box 159, Kolonia, Pohnpei, FSM 96941

Phone: (691) 320-2480   Fax: (691) 320-2479   Email: registrar@comfsm.fm

BACHELOR OF SCIENCE IN ELEMENTARY EDUCATION PROGRAM APPLICATION FORM

1 Applicant's Name (Last Name, First Name, Middle Name)

2 Date of Application

3 For Academic Term   Year

☐ Spring   ☐ Summer   ☐ Fall

4 Mailing Address (P.O. Box, Street, City, State, Country, Zip Code)

5 What degree have you completed?   Major

☐ TYC   ☐ AA   ☐ AS _____

6 Date of Graduation

7 Gender

☐ Male   ☐ Female

8 Date of Birth (MM/DD/YY)

9 Social Security Number

10 Phone & Fax Number

11 Email Address

12 Citizenship

☐ Micronesian

☐ Others, Specify _____

13 Admission Type

☐ Continuing Student

☐ Transfer Student

14 Admission Status

☐ Full Time   ☐ Part Time

15 How do you plan to finance your education?

☐ Financial Aid   ☐ Family/Personal Savings   ☐ Others _____

16 Upon completion of program, you plan to (Please check the relevant boxes)

☐ Continue my education with another institution

☐ Continue with another program with COM-FSM

☐ Get an Entry level job (my first full-time job)

☐ Continue to work at the same place

☐ Get a new job (at a place from where I currently work)

17 Do you have any physical handicap or major health problem?

☐ Yes   ☐ No

If yes, please explain:

Indicate any college education courses other than COM-FSM education courses and/or credits you have completed and/or earned

College	Address	Education Courses (Course Number and Title)	Credits

Write a brief statement as to why you want to enroll in the Bachelor of Science in Elementary Education Program

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

18 Applicant's (Signature over printed name)

Date

For Education Program Coordinator/Instructional Coordinator

Cumulative GPA at the end of 3rd Year (2.75) _____

FSM Teacher Competency Exam Score (53/75) _____

19 Program Coordinator/Instructional Coordinator

☐ **Approved**   ☐ **Denied**

20 Program Coordinator/Instructional Coordinator Signature

Date

FOR OFFICE OF ADMISSIONS, RECORDS & RETENTION 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 _____