



COLLEGE OF MICRONESIA - FSM

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

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BUSINESS DIVISION

Bachelor of Science in Business Administration with Emphasis on Accounting APPLICATION FORM

1 Applicant's Name (Last Name, First Name, Middle Name)		2 Date of Application	
3 For Academic Term <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall		4 Mailing Address (P.O. Box, Street, City, State, Country, Zip Code)	
5 What degree have you completed? <input type="checkbox"/> TYC <input type="checkbox"/> AA <input type="checkbox"/> AS		6 Date of Graduation	7 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
8 Date of Birth (MM/DD/YY)	9 Social Security Number	10 Phone & Fax Number	11 Email Address
12 Citizenship <input type="checkbox"/> Micronesian <input type="checkbox"/> Others, Specify _____		13 Admission Type <input type="checkbox"/> Continuing Student <input type="checkbox"/> Returning Student <input type="checkbox"/> Transfer Student	
14 Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	15 If employed, state current position	16 Name and Address of Current Employer	

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 96941

17 Where do you wish to live? <input type="checkbox"/> Residence Hall <input type="checkbox"/> Off Campus	18 If you wish to live off-campus, list name and complete address of your sponsor
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Write a brief statement as to why you want to enroll in the Bachelor of Science in Business Administration

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 (Please write at the back of the form if space is not enough)

College	Address	Courses (Course Number and Title)	Credits	Grade/s

19 Upon completion of program, you plan to (Please check the relevant boxes) <input type="checkbox"/> Continue my education with another institution <input type="checkbox"/> Continue with another program with 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)	20 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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21 From the list below, check the courses you have completed and passed with a "C" or higher grade		
<input type="checkbox"/> BA 230 Principles of Financial Accounting	<input type="checkbox"/> BA 250 Principles of Finance	<input type="checkbox"/> BA 220 Principles of Economics
<input type="checkbox"/> BA 231 Principles of Managerial Accounting	<input type="checkbox"/> BA 260 Fundamentals of Management	<input type="checkbox"/> BA 211 Business Communication
<input type="checkbox"/> BA 110 Contemporary Business	<input type="checkbox"/> BA 270 Principles of Marketing	<input type="checkbox"/> BA 111 Business Math
<input type="checkbox"/> BA 240 Human Resource Management	<input type="checkbox"/> BA 210 Business Law	<input type="checkbox"/> MS 150 Introduction to Statistics

22 Your Cumulative GPA is 2.5 or higher <input type="checkbox"/> Yes <input type="checkbox"/> No	23 How do you plan to finance your education? <input type="checkbox"/> Financial Aid <input type="checkbox"/> Family/Personal Savings <input type="checkbox"/> Others _____
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THE STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE	24 Applicant's (Signature over printed name)
	Date

For Instructional Coordinator/Campus Dean/Dean of Academic Programs	
25 Instructional Coordinator/Campus Dean/DAP <input type="checkbox"/> Approved <input type="checkbox"/> Denied	26 Instructional Coordinator/Campus Dean/DAP Date

Note:

FOR OFFICE OF ADMISSIONS, RECORDS & RETENTION USE ONLY		FOR BUSINESS OFFICE USE ONLY	
Files Complete <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Academic Term Attended _____	Applicant has outstanding balance <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount _____ Campus _____
REMARKS _____	Processed by (Initials) and Date Processed _____	REMARKS _____	Processed by (Initials) and Date Processed _____