



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
Palikir, 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
Tofol, Kosrae, FSM 96944
Phone: (691) 370-3191

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

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

DUPLICATE OR REPLACEMENT DEGREE/CERTIFICATE REQUEST FORM

IMPORTANT NOTICES

- 1 Complete this form if you are a graduate wishing to obtain a duplicate copy of your degree/certificate or wishing to replace a lost, damaged, or destroyed degree/certificate.
- 2 Pay the \$15.00 processing fee to the Business Office
- 3 Submit the completed form together with the receipt and other required documents to the Office of Admissions, Records and Retention

Please check the box of the duplicate/replacement degree or certificate being requested.

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

Other Degree/Certificate Not Mentioned Above

(Please specify)

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

REASON FOR REQUESTING A DUPLICATE DEGREE/CERTIFICATE

Original degree/certificate is lost/damaged/destroyed. (Sworn statement regarding circumstances is required)

Official Name change. (document attached, e.g., passport, marriage certificate, birth certificate, court document)

PERSONAL IDENTIFICATION

1 Name (Last Name, First Name, Middle Initial)	2 Campus or Site	3 Date
4 Mailing Address (P.O. Box, Street, City, State, Country, Zip Code)	5 Date of Birth (MM/DD/YYYY)	6 Phone Number
7 E-mail Address	8 Month/Year Degree/Certificate Awarded	9 if applicable, name at the time degree/certificate awarded
10 Signature	Notes:	

For Office of Admissions and Records

PROCESSED BY

JOB TITLE

DATE PROCESSED