



# COLLEGE OF MICRONESIA - FSM

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

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## SECOND DEGREE APPLICATION FORM

<b>1</b> Applicant's Name (Last Name, First Name, Middle Name)		<b>2</b> Date of Application	
<b>3</b> For Academic Term <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall		Year	<b>4</b> Mailing Address (P.O. Box, Street, City, State, Country, Zip Code)
<b>5</b> What degree have you completed? <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> AAS		<b>6</b> Date of Graduation	<b>7</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>8</b> Date of Birth (DD/MM/YY)	<b>9</b> Social Security Number		<b>10</b> Phone & Fax Number
<b>12</b> Citizenship <input type="checkbox"/> Micronesian <input type="checkbox"/> Others, Specify _____		<b>13</b> Applying for: <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> AAS <input type="checkbox"/> BS Major _____	
<b>14</b> Admission Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<b>15</b> How do you plan to finance your Second Degree? <input type="checkbox"/> Financial Aid <input type="checkbox"/> Family/Personal Savings <input type="checkbox"/> Others _____	
<b>16</b> Upon completion of program, you plan to (Please check the relevant boxes) <input type="checkbox"/> Transfer to a Four-Year Institution <input type="checkbox"/> Enter 4th Year program, if available at 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)		<b>17</b> Do you have any physical handicap or major health problem? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	

### WRITE A BRIEF STATEMENT AS TO WHY YOU WANT TO ENROLL IN A SECOND DEGREE

<b>THE STATEMENT IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE</b>	<b>18</b> Applicant's (Signature over printed name)  Date _____
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**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 \_\_\_\_\_