

www.comfsm.fm



# Application for **Admission**



#### **National Campus**

P.O. Box 159  
Palikir, Pohnpei FM 96941  
☎ (691) 320-2480

#### **Career and Technical Education Center**

P.O. Box 614  
Kolonia, Pohnpei FM 96941  
☎ (691) 320-1065

#### **Chuuk Campus**

P.O. Box 879  
Weno, Chuuk FM 96942  
☎ (691) 330-2689

#### **Kosrae Campus**

P.O. Box 37  
Tofol, Kosrae FM 96944  
☎ (691) 370-3191

#### **Yap Campus**

P.O. Box 286  
Colonia, Yap FM 96943  
☎ (691) 350-5150

## ACCREDITATION

The College of Micronesia-FSM is accredited by the Accrediting Commission for Community and Junior College, Western Association of Schools and Colleges, an institutional accrediting body recognized by the Council for Higher Education Accreditation and the U.S. Department of Education.

## SECTION A (ENROLLMENT/APPLICATION INFORMATION)

1. This is application for admission to

- National Campus    Chuuk Campus    Career and Technical Education Center-Pohnpei  
 Kosrae Campus    Yap Campus

Check one term only

- Summer Session    Fall Semester    Spring Semester

Academic Year

2. Legal Name, *please type or print*

Last Name

Suffix, e.g., Jr., Sr.

First Name

Middle Name

3. Other Name(s) that may appear on your academic records

Last Name

First Name

Middle Name

4. Mailing Address

P.O. Box No.

Street, City, State

ZIP Code

Country, if not FSM

International Postal Code

5. Primary Telephone

6. Mobile Phone

6. Email Address

## SECTION B (PERSONAL/APPLICANT INFORMATION)

8. Birthdate

Month

Day

Year

9. Sex

- Male  
 Female

10. U.S. Social Security Number, *if any*

11. FSM Social Security Number

12. Civil Status, check one

- Single    Divorced    Separated    Widowed    Married

13. If married, Name of Spouse

Occupation

15. Father's Name

Occupation

16. Mother's Name

Occupation

17. Name of Person to Contact in Case of Emergency

Relationship

Phone

## SECTION C (DEMOGRAPHIC INFORMATION)

18. Ethnicity

- Asian  
 White  
 Native Indian or Alaska Native  
 Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander

19. State of Origin

- Pohnpei  
 Chuuk  
 Kosrae  
 Yap  
 Others, please specify

## NONDISCRIMINATORY POLICY

The College of Micronesia-FSM (COM-FSM) complies with Title VI of the Civil Rights Act of 1964, sections 504 and 508 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and Title IX of the Education Amendments of 1972.

The college does not discriminate on the basis of race, color, ethnicity, national origin, age, religion, veteran status, disability, sex, gender, gender identity or sexual orientation in its programs and activities, including admission and access.

## SECTION D (FAMILY EDUCATION, INCOME, AND SIZE INFORMATION)

**20. Total Annual Family Income and Family Size (Optional).**

Under the federal regulations, you are considered a dependent student if you are under 24 years unless you are a graduate student, are married or have dependents other than a spouse, are a foster youth, orphan, or ward of the court, or are a veteran or active duty member of the U.S. armed services.

If dependent, estimate parents' prior year total annual income and enter in box; and indicate family size including your parents, yourself, and other dependents. If independent, estimate the total annual income for you (and your spouse, if married) and enter in box; and indicate your family size including yourself, spouse, and other dependents.

**Dependent Student Only**

Estimated Total Annual Family Income \$  Family Size

**Independent Student Only**

Estimated Total Annual Family Income \$  Family Size

**21. What are your parent's highest level of formal education (Optional).** Father  Mother

- |                      |                  |                             |                  |
|----------------------|------------------|-----------------------------|------------------|
| [1] No High school   | [3] High school  | [5] 2-Year College Graduate | [7] Postgraduate |
| [2] Some High School | [4] Some College | [6] 4-Year College Graduate |                  |

## SECTION E (PROGRAM OBJECTIVE)

**22. What is your program objective? Enter code in box**

- |                                  |   |                          |                       |
|----------------------------------|---|--------------------------|-----------------------|
| [0] None                         | [1] Certificate of Achievement            | [2] Associate of Science | [3] Associate of Arts |
| [4] Associate of Applied Science | [5] Third-Year Certificate of Achievement |                          |                       |

**23. Name of Intended Major**  **Major Code**

**24. Alternate Major (Optional)**  **Alternate Major Code**

### Major Codes

CODES	Certificate of Achievement
AFT	Agriculture and Food Technology
BK	Bookkeeping
CHS	Community Health Science
BPH	Public Health
NUA	Nursing Assistant
SS	Secretarial Science
TC	Trial Counselors
EET	Electronic Engineering Technology
TT	Telecommunication Technology, <i>Advanced Certificate</i>
ET	Electronics Technology, <i>Advanced Certificate</i>
CE	Construction Electricity
BT	Building Technology-Construction Electricity, <i>Advanced Certificate</i>
CA	Carpentry

CODES	Associate of Science
CM	Cabinet Making
RAC	Refrigeration and Air Conditioning
BMR	Building Maintenance and Repair
MVM	Motor Vehicle Mechanics
MAS	Masonry
PL	Plumbing
ANRM	Agriculture and Natural Resource Management
BU	Business Administration
CIS	Computer Information Systems
HTM	Hospitality and Tourism Management
MRSCI	Marine Science
NU-RN	Nursing-Registered Nurse
NU-PN	Nursing-Practicing Nurse
PH	Public Health

CODES	Associate of Arts
LA	Liberal Arts
HCOP	Health Career Opportunity Program
MICST	Micronesian Studies
TP	Pre-Teacher Preparation
TC	Telecommunication
ET	Electronics Technology
BT	Building Technology
AC	Accounting
GBU	General Business
PH	Public Health
TPE	Teacher Preparation-Elementary

## SECTION F (HIGH SCHOOL AND COLLEGE ATTENDANCE)

**25. High School attended**

**Mailing Address**    
P.O. Box No. Street, City, State ZIP Code

**Graduation Date**    **GED Date, if applicable**     
Month Day Year Month Day Year

**Cumulative Grade Point Average**   
As measured on a 4.0 scale

If applicable **GED Scores**

<input style="width: 50px;" type="text"/>	Social Studies
<input style="width: 50px;" type="text"/>	Science
<input style="width: 50px;" type="text"/>	Language Arts, Reading
<input style="width: 50px;" type="text"/>	Mathematics
<input style="width: 50px;" type="text"/>	Language Arts, Writing

Admission to the College of Micronesia-FSM requires a minimum high school grade point average of 2.0 as measured on a 4.0 scale, or a minimal score of 35 on each section and an average score of 45 for all five sections of the GED Test.

Applicants must request that all official high school transcripts or GED scores be sent directly to:

Office of Admissions, Records and Retention  
**COLLEGE OF MICRONESIA-FSM**  
 P.O. Box 159, Kolonia, Pohnpei FM 96941.

26. Print names and locations of all colleges and universities attended, even if no course work was completed. Begin with last institution attended. Attach a separate sheet if you need more space. In credits (or units) completed, exclude work in progress or planned.

**All Institutions**

College/University Name	Enrolled		Number of Credits/Units		Cumulative GPA	Degree Received	Degree Date
	Month/Year	Month/Year	Completed	Attempted			

**SECTION G (TEST INFORMATION/REQUIREMENTS)**

**27. Entrance Test Scores and Placement**

COMET Test Date

  
MM/DD/YYYY

COMET Test (Raw Scores)

Essay

Reading Comprehension

Vocabulary

Math

Recommended Placement

- Degree Level  
 Achieving College Excellence  
 Certificate Level

Recommended Placement

English Writing  
 English Reading  
 Math

If applicable

American College Testing (ACT)

E M R S Composite

Date   
MM/DD/YYYY

Scholastic Aptitude Test

Critical Reading Mathematics Total SAT Writing Score

Date   
MM/DD/YYYY

TOEFL Score (with Essay)

Paper Form

Date   
MM/DD/YYYY

TOEFL Score  
IBT/Online taken after  
September 2005

Date   
MM/DD/YYYY

Other Tests

Test Name

Scores

Date   
MM/DD/YYYY

MM/DD/YYYY

**SECTION H (CERTIFICATION)**  
To be read and signed by all applicants to certify the accuracy of the information provided

I certify under penalty of perjury under the laws of the Federated States of Micronesia that I have provided complete and accurate responses to all the items on this application. I further certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize the College of Micronesia-FSM to release any information submitted by me in this application for admission and any application for financial aid to any person, firm, corporation, association, or government agency to verify or explain the information I have provided to obtain other information necessary for my application for admission and any application for administration of financial aid in connection with any perjury proceedings. My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation or omission may be cause for denial or cancellation of admission, transfer credit, or enrollment.

Applicant's Signature

Date     
Month Day Year

**[FERPA] DIRECTORY INFORMATION WITHHOLD/RELEASE FORM**

The items listed under the Directory Information may be released in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974 as amended. Directory Information includes: student's full-name, address, telephone listings, date and place of birth, major field of study, participation in officially recognized activities and sports, photographs, weight and height, dates of attendance, degrees and awards received, most recent or previous school attended, classification, and enrollment status. Under the provisions of FERPA, you have the right to withhold the disclosure of Director Information. Should you decide to withhold Directory Information, you may authorize at a later date on a transaction-by-transaction basis the release of Directory Information or you may cancel withhold Directory Information.

Please check one

- Release Directory Information.** I want my directory information to be released. I no longer wish to prevent the disclosure of my directory information and release COM-FSM from any responsibility to withhold open Directory Information from the date this form is signed.  
 **Withhold all Directory Information.**

Applicant's Signature

Date     
Month Day Year

