COLLEGE OF MICRONESIA-FSM

P.O. Box 159, Kolonia, Pohnpei, FSM 96941
Phone: (691) 320-2480   Fax (691) 320-2479   E-mail: busadmin@comfsm.fm

BUSINESS DIVISION

Third Year Program in Accounting/General Business
APPLICATION FORM

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

2 Date of Application

3 For Academic Term
☐ Spring   ☐ Summer   ☐ Fall   Year

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

5 Have you completed your A.S. or A.S. Degree?
☐ YES   ☐ NO   MAJOR

6 Date of Graduation

7 Sex   ☐ Male   ☐ Female

8 Date of Birth (DD/MM/YYYY)

9 Social Security Number

10 Phone and Fax Numbers

11 E-Mail Address

12 Citizenship
☐ Micronesian
☐ Others, specify

13 APPLYING FOR
☐ Accounting
☐ General Business

14 Currently Employed?   ☐ YES   ☐ NO

15 If employed, current occupation

16 Name and Address of Current Employer

If you are not a COM-FSM 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, FSM 96941

12 Where do you wish to live?
☐ Dormitory   ☐ Off Campus

13 If you wish to live off-campus, list name and complete address of your sponsor

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.

COLLEGE	ADDRESS	COURSES (Course Number and Course Title)	CREDITS	GRADES

14 From the list below, check the courses you have completed and passed with a "C" or higher grade
☐ Finance   ☐ Microeconomics   ☐ Macroeconomics   ☐ Management   ☐ Statistics   ☐ Managerial Accounting   ☐ Marketing

15 Admission Status
☐ Full Time   ☐ Part Time

16 How do you plan to finance your 3rd Year Certificate Program?
☐ Financial Aid   ☐ Famil;y/Personal Savings   ☐ Others _____

17 Upon completion of program, you plan to (please check the relevant boxes)
☐ Transfer to a Four-Year Institution
☐ Enter 4th Year program, if available at 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)

18 Do you have any physical handicap or major health problem?   ☐ YES   ☐ NO
If yes, please explain:

WRITE A BRIEF STATEMENT AS TO WHY YOU WANT TO ENROLL IN THE THIRD YEAR PROGRAM

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

19 Applicant's (Signature over printed name)

_____
Date

FOR ADMISSIONS AND RECORDS 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 oustanding balance   ☐ YES   ☐ NO

Amount _____   Campus _____

REMARKS

Processed by (Initials) and Date Processed