www.comfsm.fm



### **Contact Us**

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

Career and Technical Education Center (Formerly Pohnpei Campus) Kolonia, Pohnpei FM 96941 (691) 320-1065 | (691) 320-3795

> Chuuk Campus P.O. Box 879 Weno, Chuuk FM 96942 58 (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) 350-2296

## **ACCREDITATION**

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

# Application for ADMISSION













# Application Procedure for Incoming First-Time College Students

- Complete the APPLICATION FOR ADMISSION. Please print or type neatly in black ink. Answer questions completely on all pages of the application.
- Request your high school transcript be sent directly to COM-FSM Office of Admissions, Records and Retention.
- Submit or mail completed APPLICATION FOR ADMISSION and \$10.00 admission fee to:

Office of Admissions, Records & Retention College of Micronesia-FSM P.O. Box 159 Kolonia, Pohnpei FM 96941

or any COM-FSM state campus, see Contact Us.

 Complete the Free Application for Federal Student Aid (FAFSA) and either submit it to Financial Aid Office, College of Micronesia-FSM, P.O. Box 159, Kolonia, Pohnpei FM 96941 or mail it directly to:

> Federal Student Aid Program P.O. Box 4691 Mt. Vermont, IL 62864-0059

Note that online FAFSA is also available as an option.

# Application Procedure for Transfer Students

- Complete the APPLICATION FOR ADMISSION. Please print or type neatly in black ink. Answer questions completely on all pages of the application.
- Request your official transcripts from all colleges or universities attended mailed to Admissions, Records and Retention.
- Submit or mail completed APPLICATION FOR ADMISSION and \$10.00 admission fee to:

Office of Admissions, Records & Retention College of Micronesia-FSM P.O. Box 159 Kolonia, Pohnpei FM 96941

or any COM-FSM state campus, see Contact Us.

 Complete the Free Application for Federal Student Aid (FAFSA) or FAFSA renewal and either submit it to Financial Aid Office, College of Micronesia-FSM, P.O. Box 159, Kolonia, Pohnpei FM 96941 or mail it directly to:

> Federal Student Aid Program P.O. Box 4691 Mt. Vermont, IL 62864-0059

Note that online FAFSA is also available as an option.

1 This i				or Application Info				
	is an application for ad	mission to						
	□ National Campus □ Chuuk Campus □ Career and Technical Education Center, formerly Pohnpei Campus							
Chec	ck the term only							
☐ Fa	all Semester 🗆 S	Spring Semester	Summer Session	Academic Yea	ar			
☐ FT A: the sc	2. Your admission classification  FTC New Student  A student who is enrolling in college for the first time since graduating from high school.  Transfer Student  A student who is or has previously enrolled at another college or university for one or more courses since graduating from high school.  Dual Enrollment Student  High school senior who has been admitted into the college's Dual Enrollment Program for High School Students.							
for	r transfer back to his or her o	wn institution; or (c) an indiv	vidual taking courses	for personal or profession	onal reasons.	sity taking credit courses at COM-FSM		
_	3. Admission placement, for FTC (or first-time-in college) new students only. Please refer to your COM-FSM notice of admission.  Degree Achieving College Excellence, Level 1 Achieving College Excellence, Level 2 Certificate							
4. Lega	I name, please type or p	rint						
	or family		First or given name			ddle me		
5. Othe	r names (s) that may ap	pear on your academic	c records					
Last o	or family		First or given name			ddle me		
6. Maili	ng address							
	Box No., street, r town. state				ZIF Co			
City Of	If not FSM.				Internation			
	country				Postal Cod	le		
7. Prima	ary contact phone		8.	Mobile phone				
9. Prima	ary Emal address		10	). Alternate Email a	address			
		OFOTI						
11. Birthdate, month, day, year  12. Sex Male 13. Civil status, Single Married Separated Separated								
11. Birti	hdate, month, day, year	SECTION	ON B. Personal o	12. Sex	9 13. Civil stat	us, Separated		
	hdate, month, day, year		ON B. Personal o	12. Sex Male	e 13. Civil stat ale check one	us, Separated		
14. FSN		er	ON B. Personal of	12. Sex Male	13. Civil stat check one	Divorced Separated Widowed		
14. FSN 15. US	/ Social Security Numb	er; if any	ON B. Personal of	12. Sex  Male Fem	13. Civil stat check one	Divorced Separated Widowed		
14. FSM 15. US : 17. If m	A Social Security Numb	er; if any	ON B. Personal of	12. Sex Male Fem	13. Civil state check one  FSM If non-I Non-FSM state ci	Divorced Separated Widowed		
14. FSM 15. US : 17. If m 19. Fath	M Social Security Number Social Security Number parried, name of spouse	er; if any	ON B. Personal of	12. Sex Male Fem.	13. Civil state check one  FSM If non-I Non-FSM state co	Divorced Separated Widowed		
14. FSN 15. US : 17. If m 19. Fath 21. Mot	A Social Security Number Social Security Number parried, name of spouse ther's name	er , if any	ON B. Personal of	12. Sex Male Fem.	13. Civil state check one FSM If non-including State columns 18. Occupation 20. Occupation	Divorced Separated Widowed		
14. FSN 15. US 3 17. If m 19. Fath 21. Mot 23. Nan	M Social Security Number Social Security Number Parried, name of spouse ther's name	er , if any	Contact p	12. Sex  Male Fem.	13. Civil state check one FSM If non-including State columns 18. Occupation 20. Occupation	Divorced Separated Widowed		
14. FSN 15. US 3 17. If m 19. Fath 21. Mot 23. Nan	M Social Security Number Social Security Number sarried, name of spouse ther's name ther's name attended the social Security Number Security N	er , if any in case of emergency	Contact p	12. Sex  Male Fem.	13. Civil state check one FSM If non-INON-FSM state cone 18. Occupation 20. Occupation 22. Occupation	Divorced Separated Widowed		
14. FSN 15. US 3 17. If m 19. Fath 21. Mot 23. Nan	M Social Security Number Social Security Number sarried, name of spouse ther's name ther's name attended the social Security Number Security N	er , if any	Contact p	12. Sex  Male Fem.	13. Civil state check one FSM If non-INON-FSM state cone 18. Occupation 20. Occupation 22. Occupation	Divorced Separated Widowed		
14. FSM 15. US 3 17. If m 19. Fath 21. Mot 23. Nan Rela	A Social Security Number Social Security Number sarried, name of spouse ther's name ther's name  SECTION C. Description of the second of the s	er  ; if any  in case of emergency  emographic Information or Alaska Native	Contact p	12. Sex Male Fem.  16. Citizenship  College of Mic of 1964, Title I Rehabilitation  The College deducational prancestry, mari	13. Civil state check one FSM If non-Isomorphic state columns 18. Occupation 20. Occupation 22. Occupation Nondiscrimorphic in the Education Area of 1973. Idoes not discriminate is rograms and activities	Divorced Separated Widowed		

# SECTION D. Family, Education, Income, and Size Information

26. Total annual family income and family size, optional

	have dependents other than a s												
	If dependent, estimate parents' dependents. If independent, es including yourself, spouse and of	timate the to	tal annual inc										
	Dependent student only Estimated total annual family in	ncome \$	\$					Family size					
	Independent student only Estimated total annual family in	scome \$						Family size					
27	. What are your parents' high	est level of	el of formal education, enter in the box the nume				ımerical	code below	Father		Mother		
	[1] No formal education [2] Some elementary [3] Elementary graduate	[4] Some high [5] High school [6] Some colle	ol graduate		[7] Two-year co [8] Four-year co [9] Graduate de	ollege grad	uate, e.g.	, BS, BS	gree [10]	Postgradua	ate degree, e.g	g., Doctorate	
				SEC	CTION E. Pro	ogram Ol	ojective	;					
29	. What is your program object	tive? Enter	program n	umeri	cal code in b	ох							
	[0] None [1] Certificate of Achievement		Associate Associate					ed Science ate of Achiev	ement	[6]	Bachelor		
30	. Name of intended major						Major Code			,			
31	. Alternate Major, optional								Major	Code			
					MAJOR	CODES							
	BSELED Elementary Education BSBA Business Administra  CODES AC Accounting General Business TPE Teacher Preparation-EPH Public Health  CODES TC Telecommunication TE ELectronics Technolog BT Building Technology	ate [5] Elementary  ed Science [4]	MICST Micronesian Stu TP Pre-Teacher Pre  CODES Associate of S ANRM Agriculture and I Management BU Business Admin CIS Computer Inform			Deportunity			BK BMR CA CA CC CC CHS COMFM CET EET BMVM NUA NUA FAC SS SS	MR Building Maintenance and Repair A Carpentry E Construction Electricity Community Health Science-Health Training Assistant Program MFM Cabinet Making/Furniture Making ET Electronics Engineering Technology IVM Motor Vehicle Mechanics UA Nursing Assistant AC Refrigeration and Airconditioning S Secretarial Science			
		SEC	CTION F. H	ligh S	chool and C	ollege or	Univer	sity Attend	ance				
32	. High school attended		33.			33. Ad	. Address						
34	. Graduation date		35. Cumulative Grade Poir As measured on 4.0 scale				nt Average						
36.	6. If applicable, General Educational Development (GED) scores		Social Studies			Language Arts, Reading Mathematics			Language Arts, Writing				
	. If applicable, print names and					attende	d, even i						
	College/University Name		Enrolled			Number of credits (or units)		Cumulative					
			Month/Year		Month/Year	r Attempted		Earned	GPA	Degree	e received	Degree date	
-										1			

### SECTION G. Test Information/Requirements 38. COM-FSM Entrance Test (COMET) scores and placement COMET, raw scores Recommended Placement **Program Placement** COMET date, mm/dd/yy **English writing** Degree Level, AA, AS, AAS Essay Achieving College Excellence, **English Reading** COMET venue, school code Reading Level 2 Achieving College Excellence, Math Level 1 Vocabulary Certificate Level, CA Math If applicable **American College Testing (ACT)** Test date, mm/dd/yy Е Composite Scholastic Aptitude Test (SAT) Test date, mm/dd/yy Critical Reading Mathematics Total SAT Writing Score TOEFL Score, with essay **TOEFL Score** IBT online taken after Test date, mm/dd/yy September 2005 Test date, mm/dd/yy Paper Form Other Tests Test date, mm/dd/yy Test Name Test Score **SECTION H.** Certification To be read and signed by applicant 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, mm/dd/yy [FERPA]. Directory Information Withholding/Release Form Pursuant to the Family Educational Rights and Privacy Act (FERPA), Section 1. Withhold my directory information student information designated by the College of Micronesia-FSM I hereby instruct COM-FSM to withhold my directory information. I want to (COM-FSM) as Directory Information may be released without a prevent the disclosure of my directory information, and I understand the student's prior written consent to anyone for any purpose. Under consequences of doing so. FERPA, you have the right to instruct COM-FSM to withhold your Directory Information. If you instruct COM-FSM to withhold your Name (Print) \_\_\_ Directory Information, COM-FSM will decline all future requests from non-COM-FSM individuals or organizations for your information unless Signature \_ Date COM-FSM is legally required to disclose it, such as to authorized federal, state, and local authorities or in response to a judicial order or Section 2. Release my directory information valid subpoena. Your Directory Information will still be accessible I wanted my directory information to be released. I no longer wish to prevent the internally by authorized COM-FSM employees. disclosure of my directory information and release COM-FSM from any responsibility to withhold open directory information from the date this form is BEFORE SIGNING THIS FORM, please consider the consequences of signed. withholding your Directory Information. Name (Print) The following information has been designated by COM-FSM as COM-FSM as directory information: Signature \_\_\_\_\_ Date\_ Student name Mailing address COM-FSM MISSION STATEMENT Major field of study Participation in an official college sponsored activity The College of Micronesia-FSM is a learner-centered institution of ☐ Dates of attendance Degree(s), certificate(s), honor(s) and award(s) received

Most recent educational institution attended

Photographic representation of the student

Expected graduation date

☐ Enrollment status (full-time, part-time, graduated, etc.)

College-issued email address, e.g., johndoe@comfsm.fm

The College of Micronesia-FSM is a learner-centered institution of higher education that is committed to the success of the Federated States of Micronesia by providing academic and career & technical educational programs characterized by continuous improvement and best practices.