



NORTHERN MARIANAS COLLEGE
ADMISSION APPLICATION FORM

For information or assistance regarding admissions, please contact:

Northern Marianas College
Office of Admissions and Records
Tel: (670) 234-5498 ext. 6768 or 6771
Fax: (670) 235-4967
E-mail: oar@marianas.edu
Website: www.marianas.edu
Mailing Address:
P.O. Box 501250, As Terlaje Hill
Saipan, MP 96950

Northern Marianas College Admissions Requirements

RESIDENT STUDENT

Degree:

1. Complete Admissions Application with \$25 fee
2. Completed NMC Health Evaluation Form
3. Official Certified Transcript (School to School)
4. Copy of Valid Passport

Non-Degree:

1. Completed Admissions Application with \$25 fee
2. Completed NMC Health Evaluation Form
3. Copy of Valid Passport

NON RESIDENT STUDENT

Non-Degree:

1. Completed Admissions Application with \$50 fee
2. Completed NMC Health Evaluation Form
3. Copy of Valid Passport

Degree:

1. Completed Admissions Application with \$50 fee
2. Completed NMC Health Evaluation Form
3. Official Certified Transcript (School to School)
4. Copy of Valid Passport

EARLY ADMISSIONS/SPECIAL ADMISSIONS:

Applicant must meet with Early Admissions Counselor before proceeding with requirements:

1. Completed Admissions Application, \$25 Resident Fee or \$50 Non Resident Fee
2. Completed NMC Health Evaluation Form
3. Official Certified Transcript (School to School) GPA of 3.0 or higher (if GPA is below 3.0 but not lower than 2.0, counselor's recommendation is required)
4. Parental Permission Form
5. Copy of Valid Passport

NOTE: Students seeking F or M Visa MUST indicate a Program of Study. Non-Degree is not a Program of Study. I-20 applicants must meet with the International Counselor/Coordinator for I-20 requirements.

Degree & Certificate Programs

Please write your field of study below:

Bachelor of Science (BS)

Education

Concentration in:

- Elementary Education
- Rehabilitation & Human Services
- Early Childhood Education
- Special Education

Bachelor of Science (BS)

Business Management

Associate in Arts (AA)

Business

Liberal Arts

Associate in Arts (AA)

Liberal Arts - Emphasis in Education

Associate in Science (AS)

Nursing

Natural Resource Management

Associate in Applied Science (AAS)

Business Administration:

- Accounting Emphasis
 - Business Management Emphasis
 - Computer Applications Emphasis
- Hospitality Management
Criminal Justice

Other

Non-Degree

English Language Institute (ELI)

PRIMARY MAJOR:

(Optional) SECONDARY MAJOR:

If we do not offer a Program you are interested in, please write it below:

High School Activities (Involvement in club(s), student government, sports, etc.):



Northern Marianas College APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT CLEARLY			
Intended Enrollment Status	<input type="checkbox"/> New <input type="checkbox"/> Re-Admission	<input type="checkbox"/> Full Time (12 or more credits) <input type="checkbox"/> Part Time (11 or less credits)	OAD USE ONLY POWER CAMPUS ID# _____
Admission Classification	<input type="checkbox"/> Regular <input type="checkbox"/> Early Admission (High School Student)	<input type="checkbox"/> NMA <input type="checkbox"/> Upward Bound	<input type="checkbox"/> Transferring In <input type="checkbox"/> Special Admissions <input type="checkbox"/> Non-Degree <input type="checkbox"/> Ability to Benefit

SEMESTER <input type="checkbox"/> FALL 20__ <input type="checkbox"/> SPRING 20__ <input type="checkbox"/> SUMMER 20__	U.S. SOCIAL SECURITY NUMBER (Optional) _____	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	BIRTHPLACE <small>(Country, State, or Island)</small> _____	BIRTH DATE Month Day Year ____ / ____ / ____
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FULL LEGAL NAME (Do not use nicknames. International applicants: Use name as listed on passport.) FAMILY/LAST NAME FIRST NAME FULL MIDDLE NAME	PREVIOUS OR OTHER NAMES USED _____
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MARITAL STATUS: Single Married Divorced Widowed

ETHNICITY/RACE Are you Hispanic or Latino? Yes ___ No ___ What is your race? (May mark more than one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> FSM (circle one): Chuuk, Pohnpei, Kosrae, Yap <input type="checkbox"/> Republic of Belau <input type="checkbox"/> Republic of the Marshalls <input type="checkbox"/> Other (specify): _____	FOR NON-U.S. CITIZENS <input type="checkbox"/> I would like to apply for the I-20 <input type="checkbox"/> I Do Not Hold A U.S. Non-Immigrant Visa/Status <input type="checkbox"/> I Do Hold A U.S. Non-Immigrant Visa/Status CURRENT TYPE OF VISA: _____ VISA NUMBER: _____ PASSPORT NUMBER: _____ PASSPORT EXPIRATION DATE: _____ *Please enclose a copy of your valid Passport and I-94 with this application.
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CURRENT MAILING ADDRESS	CITY/PROVINCE	STATE/COUNTRY	ZIP CODE
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PERMANENT OR FOREIGN MAILING ADDRESS <small>(International students must provide an overseas address)</small>	CITY/PROVINCE	STATE/COUNTRY	ZIP CODE
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PLACE OF EMPLOYMENT and POSITION TITLE <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	CURRENT TELEPHONE () FAX NUMBER ()	PERMANENT TELEPHONE () EMAIL ADDRESS _____
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NMI Descent (Is one of your parents either Chamorro or Carolinian?) Yes No (If yes, indicate Chamorro Carolinian Chamolinian)

Are you a veteran of the U.S. Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please indicate which branch of the U.S. Armed Forces.) _____ Are you a retiree? <input type="checkbox"/> No <input type="checkbox"/> Yes	(Optional) Person authorized by you to access information regarding your application status: Name: _____ Relationship: _____
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NAME OF HIGH (SECONDARY) SCHOOL FROM WHICH YOU GRADUATED	STATE or COUNTRY	GRADUATION DATE (MM/YY)
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IF GED COMPLETED, STATE WHERE GED EARNED	STATE or COUNTRY	GRADUATION DATE (MM/YY)
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SUMMARY OF ALL COLLEGES/UNIVERSITIES ATTENDED. Provide an official transcript from each institution. (Use additional sheet if necessary). List most recent first, regardless of the length of attendance. International applicants: List actual name of degree received or expected, **DO NOT** translate or interpret in terms of U.S. equivalent.

FULL NAME OF INSTITUTION <small>(Do not use initials)</small>	LOCATION <small>(City, state or country)</small>	START <small>(MM/YY)</small>	END <small>(MM/YY)</small>	MAJOR / PROGRAM OF STUDY	DEGREE OR DIPLOMA RECEIVED OR EXPECTED	DATE RECEIVED OR EXPECTED <small>(MM/YY)</small>

Reason for Enrolling (Check all that apply):

- Work toward a certificate or degree
- Get a degree and transfer to another school
- Take classes and transfer to another school before getting a degree
- Prepare to get a job
- Improve skills for present job
- Make a career change
- Study English as a Second Language
- Take courses for PSS Certification (Specify): _____
- Personal interest or self-improvement
- Other (specify): _____

The language(s) used at your home

1. _____ 2. _____ 3. _____

What language do you speak most often? _____

How did you learn about the Northern Marianas College? Check all that apply:

- | | | |
|-----------------|----------------------------|----------------|
| a. NMC Web site | d. NMC Brochure | g. Parent |
| b. NMC Alumni | e. NMC Recruitment Fair | h. Friend |
| c. NMC Faculty | f. Newspaper/Advertisement | i. Other _____ |

EMERGENCY CONTACT INFORMATION:

Name _____ Phone Number (s) _____ Relationship _____

CERTIFICATION OF APPLICANT

I hereby certify that the answers and responses for all items on this application form are complete and true to the best of my knowledge. I understand that providing incomplete, incorrect, or false information may result in the denial of admission and subject me to the disciplinary measures as provided under the College's Student Code.

Signature of Applicant _____ Date _____

This section must be completed by the Office of Admissions and Records before proceeding to Finance Office for Admission Application payment.

OADR OFFICE USE ONLY

Residency Status: <input type="checkbox"/> RE <input type="checkbox"/> NR	Residency/Re-admissions Verified By: _____
Re-admissions Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No	Power Campus ID#: _____ - _____ - _____
Health Certificate Received: <input type="checkbox"/> Yes <input type="checkbox"/> Pending	Application Received By: _____
Official Transcript Received: <input type="checkbox"/> Yes <input type="checkbox"/> Not Required <input type="checkbox"/> Pending	Date Received: _____
Application Fee Waived: <input type="checkbox"/> Yes <input type="checkbox"/> No	Entered by: _____
Waived by: _____	Date Entered: _____
Event: _____	Event Date: _____

FINANCE OFFICE USE ONLY

Application Fee: \$25 \$50 Receipt No: _____ Received By: _____

EARLY AND SPECIAL ADMISSIONS (Counseling Programs & Services)**DOCUMENTS NEEDED:**

- | | | |
|--|---|---|
| <input type="checkbox"/> Early Admissions | <input type="checkbox"/> Special Admissions | <input type="checkbox"/> Health Evaluation Form |
| | | <input type="checkbox"/> Official Transcript GPA of 3.0 or higher (if GPA is below 3.0, counselor's recommendation is required) |
| | | <input type="checkbox"/> Parental Permission Form |
| Requirement Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Directory Information Form |
| Application Fee Waived: <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> English Placement/Math Placement |
| | | <input type="checkbox"/> Copy of a Valid Photo ID |

Application Received & Reviewed By: _____
Early Admissions Counselor Date**INTERNATIONAL STUDENT ADMISSIONS**Application Received By: _____ Date Application Received: ____/____/____ Reviewed: Yes NoRequirements Completed: Yes No Application APPROVED By: _____
International Student Counselor Date