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](#)

### 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

### Degree & Certificate Programs

**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

### 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

### NOTE:
Students seeking F or M Visa MUST indicate a Program of Study. Non-Degree is not a Program of Study.

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### PRIMARY MAJOR:

(Required)

(Required)

### (Optional) SECONDARY MAJOR:

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

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High School Activities (Involvement in club(s), student government, sports, etc.):
## Northern Marianas College
### Application for Admission

**PLEASE TYPE OR PRINT CLEARLY**

<table>
<thead>
<tr>
<th>Intended Enrollment Status</th>
<th>OAR USE ONLY</th>
<th>POWER CAMPUS ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ New</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Re-Admission</td>
<td></td>
<td></td>
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<tr>
<td>☐ Full Time (12 or more credits)</td>
<td></td>
<td></td>
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<tr>
<td>☐ Part Time (11 or less credits)</td>
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<table>
<thead>
<tr>
<th>Admission Classification</th>
<th>☐ Regular</th>
<th>☐ NMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Early Admission (High School Student)</td>
<td>☐ Transferring In</td>
<td>☐ Non-Degree</td>
</tr>
<tr>
<td>☐ Upward Bound</td>
<td>☐ Special Admissions</td>
<td>☐ Ability to Benefit</td>
</tr>
</tbody>
</table>

### SEMESTER

<table>
<thead>
<tr>
<th>Fall 20 ___</th>
<th>☐</th>
<th>Spring 20 ___</th>
<th>☐</th>
<th>Summer 20 ___</th>
<th>☐</th>
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### U.S. SOCIAL SECURITY NUMBER (Optional)

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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### GENDER

<table>
<thead>
<tr>
<th>☐ Female</th>
<th>☐ Male</th>
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### BIRTHPLACE

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<tr>
<th>Country, State, or Island</th>
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### BIRTH DATE

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<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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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**

### MARITAL STATUS

<table>
<thead>
<tr>
<th>☐ Single</th>
<th>☐ Married</th>
<th>☐ Divorced</th>
<th>☐ Widowed</th>
</tr>
</thead>
</table>

### ETHNICITY/RACE

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White

### CITIZENSHIP

- ☐ U.S.
- ☐ U.S. Permanent Resident
- ☐ FSM (circle one): Chuuk, Pohnpei, Kosrae, Yap
- ☐ Republic of Belau
- ☐ Republic of the Marshalls
- ☐ Other (specify): _______________________

### FOR NON-U.S. CITIZENS

- ☐ I would like to apply for the I-20
  - ☐ I Do Not Hold A U.S. Non-Immigrant Visa/Status
  - ☐ I Do Hold A U.S. Non-Immigrant Visa/Status

### CURRENT TYPE OF VISA

<table>
<thead>
<tr>
<th>☐ Unsigned</th>
<th>☐ UPON ARRIVAL</th>
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### VISA NUMBER

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### PASSPORT NUMBER

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### PASSPORT EXPIRATION DATE

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### NMI Descent (Is one of your parents either Chamorro or Carolinian?)

<table>
<thead>
<tr>
<th>☐ Yes</th>
<th>☐ No</th>
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<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
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### Are you a veteran of the U.S. Armed Forces?

<table>
<thead>
<tr>
<th>☐ No</th>
<th>☐ Yes</th>
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### (Optional) Person authorized by you to access information regarding your application status:

**Name:**

**Relationship:**

### NAME OF HIGH (SECONDARY) SCHOOL FROM WHICH YOU GRADUATED

**STATE or COUNTRY**

**GRADUATION DATE (MM/YY)**

### IF GED COMPLETED, STATE WHERE GED EARNED

<table>
<thead>
<tr>
<th>STATE or COUNTRY</th>
<th>GRADUATION DATE (MM/YY)</th>
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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.

<table>
<thead>
<tr>
<th>FULL NAME OF INSTITUTION</th>
<th>LOCATION (City, state or country)</th>
<th>START (MM/YY)</th>
<th>END (MM/YY)</th>
<th>MAJOR / PROGRAM OF STUDY</th>
<th>DEGREE OR DIPLOMA RECEIVED OR EXPECTED</th>
<th>DATE RECEIVED OR EXPECTED (MM/YY)</th>
</tr>
</thead>
</table>

### PLACE OF EMPLOYMENT and POSITION TITLE

<table>
<thead>
<tr>
<th>☐ Full-time</th>
<th>☐ Part-time</th>
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### CURRENT TELEPHONE

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### PERMANENT TELEPHONE

<table>
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### FAX NUMBER

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### EMAIL ADDRESS

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

Residency Status: __RE__ NR

Re-admissions Verification: __Yes__ __No

Health Certificate Received: __Yes__ __Pending

Official Transcript Received: __Yes__ __Not Required__ __Pending

Application Fee Waived: __Yes__ __No

Waived by: __________________________

Date Entered: ____________________

Event: ______________________________

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

Residency/Re-admissions Verified By: __________

Power Campus ID#: __________

Application Received By: __________

Entered by: __________________________

Date Entered: ____________________

Event Date: __________

APPLICATION FEE: $25 __________ $50 __________

Received By: __________

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

DOCUMENTS NEEDED:

Early Admissions Special Admissions

Health Evaluation Form

Official Transcript GPA of 3.0 or higher (if GPA is below 3.0, counselor’s recommendation is required)

Parental Permission Form

Directory Information Form

English Placement/Math Placement

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__ __No

Requirements Completed: __Yes__ __No

Application APPROVED By: __________________________

International Student Counselor Date